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RECOMMENDATION FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE ASIA REGION WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES

SUMMARY

The present document contains recommendations for supplementary funding in countries in the Asia region for which no recommendations for funding from general resources are requested at the 1990 Executive Board session. The project proposals submitted here aim to expand or complement ongoing programmes in the countries concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the projects listed below, subject to the availability of specific-purpose contributions.

Country/programme	Amount (United States dollars)	Duration
Bangladesh	27 471 000	1990-1993
Nepal	4 975 000	1990-1994
Pacific island countries	1 307 000	1990-1994
Philippines	2 000 000	1990-1992
Viet Nam	20 000 000	1990-1991

Summaries of the individual recommendations follow. A table setting out the planned annual phasing of expenditure for each supplementary funding proposal is given at the end of the document.

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I. BANGLADESH

U5MR: 188
IMR: 118
GNP per capita: $160

Child population (0-15 years): 52 million
Literacy (male/female): 43/22 per cent
Access to health services (total/urban/rural): 45/24/49 per cent

Expanded programme on immunization

1. The Government of Bangladesh is committed to achieving universal child immunization (UCI) by 1990 within the context of the primary health care (PHC) structure and as a leading element of maternal and child health (MCH) services. The expanded programme of immunization (EPI) had been established as a national priority programme, along with family planning, oral rehydration therapy and safe birth practices.

2. Bangladesh began its immunization programme in 1979 in conjunction with the celebration of the International Year of the Child. Initial services were offered on a limited basis at static health centres. In 1986, immunization coverage in Bangladesh was less than 3 per cent. During that same year, a detailed five-year plan for accelerating UCI was begun. The plan was initiated in 8 of the country's 460 upazilas (subdistricts) and by August 1989, all upazilas had been covered. Immunization rates for anti-tuberculosis vaccine (BCG) reached 47 per cent, 30 per cent each for combined diphtheria/pertussis/tetanus (DPT) vaccine and three doses of the oral polio vaccine (OPV); and 25 per cent for measles vaccine. During the financial year July 1988 to June 1989, 1.1 million infants were immunized.

3. In 1988, the Executive Board of UNICEF approved a country programme of co-operation in the amount of $7,749,000 in general resources and $10,988,000 in supplementary funds for the period 1988-1993 (E/ICEF/1988/P/L.18). However, the programme objective of achieving UCI by 1990 has led to the acceleration of activities and to costs beyond those estimated in the initial plan of action.

4. The additional supplementary funding now required amounts to $22,688,400, plus an estimated $9,032,700 for OPV from Rotary International. The funds will cover increased vaccine costs and other supplies. Additional support will also be required to provide outreach costs such as transport and kerosene for 390 upazilas in 1990 and 270 upazilas in September 1991, monitoring and evaluation costs at the district level and national and local programme support.

5. The goal of EPI is to provide UCI to 80 per cent of children under one year old and women of child-bearing age by 1990, i.e., coverage of children under one year old with one dose each of BCG and measles vaccines and three doses each of DPT and polio vaccines. For tetanus toxoid, the target population is women of child-bearing age, with a special emphasis on pregnant women.

6. Initial training for medical and paramedical staff at the central, district and upazila levels has been completed. Between July 1990 and June 1993, three-day refresher courses covering other PHC components will be provided to 2,100 mid-level managers and district supervisors, 43,200 vaccinators and technical support staff from 460 upazilas, 4 metropolitan corporations and 64 district towns.

7. Vaccine requirements and vaccination supplies will continue to be established on the basis of progress achieved through the upazila health complexes and will be consolidated by the civil surgeon for each district. Requirements will be verified with appropriate action targets at each level. Outreach support, such as vaccine runners' wages and transport, vaccine site costs and petrol for motorcycles of EPI medical officers, will be funded to 1991, at which time the Government will assume the financing of this component. UNICEF will provide vaccines, needles, syringes, sterilizers and other vaccination equipment, as well as raw materials and cash support, to the Institute for Public Health at Dhaka in order to strengthen its capacity to produce tetanus toxoid vaccine. Rotary International will provide the polio vaccine.

8. A protected cold chain to ensure vaccine potency is essential for programme effectiveness. Presently, there is an adequate central cold plant for the storage of air-freighted vaccines. At local levels, each district will have three ice-lining refrigerators, one ice-pack freezer and four cold boxes. Each upazila health centre will have one ice-lining refrigerator and 15 vaccine carriers. At the district level, a technician is responsible for maintenance of the cold chain.

9. In order to strengthen the national management capability of EPI, existing staff vacancies should be filled and managerial support and service delivery should be operationalized. Supplementary funding will be used to support three international project advisors in health planning and epidemiology, training and statistics and evaluation; one national EPI operations officer; and eight field-based EPI programme assistants responsible for monitoring EPI activities at upazila and district levels.

10. Social mobilization will continue to focus on motivating parental demand for immunization against the six targeted EPI diseases. The mass media will help to generate awareness of demand for immunization on a national scale.

11. By the end of the 1990 fiscal year, a surveillance system for immunization coverage and EPI target diseases will have been developed to measure programme progress, particularly immunization coverage, as well as programme impact, especially reductions in EPI target disease morbidity and mortality.

12. EPI-related morbidity and mortality reduction targets for the period 1990-1993 will be established by mid-1990.

13. In order to ensure that programmes achieve maximum reduction in target diseases, UNICEF will monitor coverage on a monthly basis. These evaluations will identify constraints, gaps and drop-out rates; compare progress in the different upazilas and districts; establish guidelines for setting up a standardized system of "self-monitoring" at district and upazila levels for one and three doses of DPT, BCG, measles and one and two doses of tetanus toxoid; and use coverage verification as a management tool.

14. In addition to the above-mentioned activities, UNICEF will continue to support the local purchase of essential supplies such as tetanus toxoid and child vaccination cards, tally sheets, EPI registers, plastic table cloths, cotton dusters and cotton wool.

15. The World Health Organization (WHO) played a key role in establishing the UCI programme with the Government and UNICEF. It has actively assisted programme activities through its local and regional technical staff and organized national programme evaluations in March 1987 and 1989. WHO also supported local training, supplies and overseas fellowships and provided technical assistance.

16. The World Bank provided staff salaries and transport during 1985-1990. It is anticipated that similar assistance will be provided for EPI during the fourth five-year plan.

17. National and international non-governmental organizations (NGOs) such as the Bangladesh Rural Advancement Committee, the Cooperative for American Relief Everywhere, Inc. (CARE) and the Rangpur Dinajpur Rehabilitation Scheme provide technical field staff who support local-level government efforts to intensify immunization activities in the upazilas. Other NGOs such as the Voluntary Health Services Society also support the national programme.

18. The United States Agency for International Development (USAID) assists immunization activities in urban areas (pourashavas) and municipalities.

19. Rotary International provides polio vaccine as part of its PolioPlus programme.

II. NEPAL

U5MR: 197	Child population (0-15 years): 8.1 million
IMR: 127	Literacy rate: (male/female): 39/12 per cent
GNP per capita: $160	Access to health services: not available

National literacy programme

20. As part of the 1988-1992 programme of co-operation, UNICEF is assisting the Government in ensuring that literacy is available to the entire population, especially girls and women who are only one third as likely to be literate as men. UNICEF assistance is provided through the education programme and through the area-based convergent services programme. In the education programme, the successful Cheli Beti literacy project for out-of-school girls has been adapted by the primary education project (Siksha Sadan) for out-of-school boys and girls. UNICEF also supports the Ministry of Education functional literacy project for women. Through the convergent services programme, UNICEF contributes to literacy classes as part of the production credit for rural women and the small farmers development projects. Such approaches to literacy have proven their effectiveness, and, consequently, the demand for literacy, particularly among women, is very high. However, neither the Government nor UNICEF has sufficient resources to meet this demand by going to scale with the Nepal literacy programme. Therefore the present proposal for supplementary funding is being submitted to the Executive Board for approval.

READEX FICHE

21. The seventh government five-year plan (1985-1990) gave priority to adult education as a component of a strategy to meet the basic needs of the people. However, although more than 13,000 primary schools provide formal education and 41 governmental and non-governmental agencies provide non-formal education, according to government figures, only 35 per cent of Nepalis over 15 years old are literate. More than 40 per cent of school-age children are not enrolled in primary school and the enrolment rate for girls is less than one half that of boys. Of those children who do attend primary school, nearly three quarters drop out before completing the five-year cycle. If present trends continue, there will be more than 10 million illiterates by the year 2000.

22. According to the draft charter on education for all, education is basic to individual development, social change and a safer, healthier and more prosperous world. To maintain current low levels of literacy would deprive Nepal of the benefits of cultural and economic development that are the birth-right of every child.

23. During the seventh plan, literacy methodologies and materials were developed and a task force was constituted to plan a comprehensive programme to achieve the goal of "Literacy for all by the year 2000". The Government has endorsed the recommendations of the task force and will launch a national literacy programme throughout the country in 1990 in accordance with the objectives of education for all.

24. UNICEF supported a trial phase of the national literacy programme in 1989. Implemented in the district of Surkhet, the project used literacy materials and methodologies developed with World Education, UNICEF and other organizations during the seventh plan. The draft evaluation report showed that the approach was successful owing to its effective mobilization of national, social and political organizations, as well as of various educational authorities. Mobilization will be a key element of the national literacy programme.

25. The national literacy programme aims to eradicate illiteracy from the country by the year 2000. Its objectives are to develop a national non-formal education policy that incorporates literacy, functional education and skills training for the 6- to 45-year age-group, with specific emphasis on literacy for young girls and women; to establish a non-formal curriculum for literacy and post-literacy and to produce teaching and learning materials; to increase the efficiency of the formal primary school system by creating complementary out-of-school programmes that make education accessible to children who are unable to attend the formal system; and to improve behavioural attitudes and practices of the adult population in the areas of health, water usage, environment, afforestation and sanitation.

26. The Government estimates that between 1990 and 2000, the national literacy programme will help 8 million people between the ages of 6 and 45 years to become literate. The majority of these will be women (who already constitute 70 per cent of literacy class participants) since the programme aims to reduce the literacy gap between men and women by at least 2 per cent per year. UNICEF assistance has been requested to meet the literacy needs of 450,000 people, or 13 per cent of the 3.5 million targeted for the 1990-1994 period.

27. The literacy programme is managed by the Non-formal Education Co-ordination Council of the Ministry of Education and Culture. Some 41 different governmental and non-governmental organizations are also involved. Beginning in 1990, the national literacy programme will be guided by a central co-ordinating committee to be chaired by the Minister of Education and Culture, with membership drawn from participating governmental and non-governmental organizations. The committee will be responsible for developing policies, mobilizing resources and generating support for the literacy programme. Committees formed at district, town and village (panchayat) levels will prepare plans for eradicating illiteracy in their jurisdictions by the year 2000. Committees at the ward level will collect baseline data on the number of illiterates in the ward and mobilize participation in literacy activities.

28. The literacy programme's link with the formal primary school system is an important means of preventing the "relapse into illiteracy" of out-of-school participants in the 6- to 14-year age-group. Young literacy "graduates" will be allowed entrance into the formal system through an equivalency examination. Past experience of the Siksha Sadan literacy programme demonstrates that after successfully completing nine months in the programme, participants are able to join the formal system at the grade 3 or 4 level. Post-literacy materials for the 15- to 45-year age-group are available through convergent services and other community programmes. The production and distribution of these materials will be expanded under the present programme in order to boost neo-literates to the self-learning level.

29. At the macro-level, the literacy programme will be monitored by the National Literacy Co-ordination Council and by district, town, village and ward committees. In addition, the Ministry of Education and Culture will continue to assign supervisors who will visit each of 10 literacy centres twice a month. Past experience has shown that close supervision, particularly of teacher attendance and attitude yields significant results. The "graduation" of participants into literacy will be certified by a test administered six months into the programme. Annual evaluations will assess the change in the national literacy rate and programme effectiveness.

30. UNICEF assistance will expand the number of literacy classes for out-of-school children from 400 in 1989 to 7,475 in 1995 and classes for adults will increase from 4,600 to 15,250 during the same period. Each class is expected to have a minimum of 20 participants, for which UNICEF assistance will provide a stipend for the teacher, writing materials and lights, textbooks and other instructional materials. UNICEF will also support the development of curricula and educational materials, as well as training for literacy teachers and supervisors. The cost per capita will be $10.90 for the six months of classes normally required to become literate. The total UNICEF project budget is $4,975,000 for the five-year period 1990-1994.

31. The total cost of the programme for the mid-1990 to mid-1995 period is estimated at $35 million. Most of this cost will be borne by the Government as the allocation to literacy in the eighth five-year plan (1990-1995) has increased substantially. However, government resources alone will not be sufficient.

Participating national and international NGOs have indicated that they will increase their contributions. The World Bank and the Asian Development Bank are prepared to provide additional loans to help eradicate illiteracy in Nepal by the year 2000.

III. PACIFIC ISLAND COUNTRIES

	IMR	GNP per capita (US dollars)	Literacy (% male/female)	Access to health services (% total)
Cook Islands	25	1 100	75 (total)	..
Federated States of Micronesia	29	..	69/57	100
Fiji	27	1 810	90/81	..
Kiribati	82	500	96/96	..
Marshall Islands	35	..	79/72	100
Niue	11	1 080	..	100
Palau	27	790	81/68	..
Samoa	33	680	98 (total)	100
Solomon Islands	44	530	15 (total)	..
Tokelau	..	630	..	100
Tonga	20	740	78 (total)	100
Tuvalu	34	680	90 (total)	100
Vanuatu	101	880	10 (total)	..

Accelerating social mobilization for child survival and development

32. The key to improving child survival and development (CSD), particularly in an area as geographically and culturally disparate as the Pacific region, is a CSD programme centred in the home and community. Although all UNICEF-assisted programmes contain communications components, the quantity and quality of the messages and their dissemination remain insufficient.

33. The project aims to reach the peoples of the Pacific with effective, culturally specific CSD messages through an increased number of communications channels during 1990-1992. This will encourage families and communities to provide for the survival of their children, thereby reducing infant and child mortality, morbidity and disability, while assisting children in their development.

34. Short-term objectives are to achieve full immunization of 80 per cent of children before one year of age by the end of 1990 and to halve diarrhoea-associated mortality by the end of 1992. In most countries, this will mean a reduction of from 40 to 50 per cent to 20 to 25 per cent.

35. Most of the Pacific region has had radio for 25 years (Pacific societies are traditionally oral and non-literary). But most radio stations are in poor

technical order and are short of qualified staff. Most island dwellers have access to videos, but video production and distribution capacities are underdeveloped.

36. This project builds on several past and ongoing UNICEF activities, including the 1985 CSD workshop for Pacific radio and print media sponsored by the UNICEF East Asia and Pakistan Regional Office; the communications component of the regional family food production and nutrition programme; and a country-specific social mobilization project in Vanuatu launched in 1989 to mobilize NGOs, churches and traditional leaders in support of UCI. The project warrants further development in Vanuatu and adaptation to other Pacific island countries. The UCI target itself is a major stimulus and entry point for social mobilization, which can be expanded under the Convention on the Rights of the Child.

37. The goals outlined above will be pursued through a strategy of expanded partnerships for CSD, improved efficacy of social development communications and improved utilization of existing communication technologies.

38. The project will be implemented regionally in each of the 13 Pacific island countries with which UNICEF co-operates and at the country level in at least four, but no more than seven countries, with priority given to Vanuatu, Solomon Islands, Kiribati, Marshall Islands, Federated States of Micronesia, Fiji and Tuvalu, where country-level Government-UNICEF collaboration is ongoing.

39. Potential partners for regional-level CSD activities include the Pacific Council of Churches and individual church denominations; trade unions; United Nations regional development projects; other aid organizations; and regional news, professional, youth and women's associations.

40. The project strategy will be as follows:

(a) Assistance will be given to key health communicators such as health educators, MCH/EPI programme co-ordinators to expand and strengthen CSD activities through greater understanding of social mobilization principles. For example, UNICEF will work with the South Pacific Commission (SPC) to provide basic social mobilization training as part of a 1990 conference of health educators;

(b) UNICEF will assist at least four Pacific regional programme networks not traditionally involved in CSD to integrate its components into their programmes;

(c) A training programme will improve scripting, video production skills, radio variety and creativity, and the use of drama and other modes of communication.

41. Country-based activities are linked to the country programme process. Detailed social mobilization plans have been drawn up.

42. The post of social mobilization project officer for the region will be created, and the senior consultant who assisted with project formulation will outline an evaluation framework. The project officer will further develop this in consultation with UNICEF staff at Manila and Bangkok. During the second half of the project's third year, an independent consultant will be engaged to review work and recommend follow-up and future developments.

Early childhood education

43. There are approximately 730 pre-schools in 10 island countries for which data are available. Most of the schools are managed by non-governmental, religious and private organizations. About 400 pre-school teachers have received the basic Pacific Preschool Teacher Training Certificate at the University of the South Pacific. Anyone seeking further training must leave the region to study in countries where the philosophy, culture and funding support are different from that of Pacific islanders.

44. The project seeks to enhance educational opportunities for pre-school children by providing quality training to pre-school teachers. As an extension of the certificate programme already in place, the project will form a component of the regional early childhood education programme.

45. Training in pre-school education was initiated by Pacific island women. Start-up funds ($143,000) enabled the development of a certificate course, which was enlarged and funded through UNICEF and the Australian Development Assistance Bureau. A UNICEF pilot project ($49,000) to develop national course material in local languages and the writing of children's books attracted further support from the Government of Canada ($63,000).

46. The University of the South Pacific, the implementing agency, has been involved in early childhood education since 1980. It remains the only educational institution in the South Pacific to train teachers in this field.

47. This project will be implemented in all the countries of the university network (Solomon Islands, Fiji, Tonga, Western Samoa, Cook Islands, Niue, Tokelau, Tuvalu, Kiribati and Nauru) at a cost of $165,000. Training in pre-school education will be provided to early childhood educators, administrators and leaders, as well as to school-leavers at university entrance level. Some 95 per cent of those taking the course are expected to be women. The diploma will enable graduates effectively to discuss early childhood education issues with Governments and other educational institutions.

48. The proposed project covers the first three phases of a 10-year development plan, as follows: (a) phase I - planning the course (August 1989-February 1990); (b) phase II - course writing and staff (February 1990-February 1991); (c) phase III - trial courses at the country level (February 1991-February 1992); and (d) phase IV - offering the diploma programme throughout the region (1994-1999).

49. The diploma programme culminates in a supervised 60-day practicum at an approved pre-school, during which time students can demonstrate their skills in programme planning, implementation and evaluation. Upon completion of the practicum, students will take full responsibility for the total programme. Course contents incorporate CSD messages on health, child development and nutrition.

50. The initial in-country offering will include lectures, tutorials, workshops, guest speakers and practical sessions. Instructional methods for distance learning

may include satellite tutorials, correspondence courses, workshops and individual tutorials.

51. During the preparatory phase (1990-1992), supplementary-funded inputs will include introductory materials, basic texts, standard reference works, video tapes and a resource collection of professional literature for course writing and design. An additional full-time staff member will be recruited for a three-year period to co-ordinate and assist in the preparatory phase.

52. This project is only one component of the Pacific programme of early childhood education and does not address all requirements of the sub-sector, some of which are being addressed through ongoing country programmes and in projects to be formulated in response to needs.

Rural sanitation in Vanuatu

53. A 1988 environmental health survey, carried out with WHO co-operation, found that only 12 per cent of the rural population had access to adequate sanitation facilities and that only 50 to 60 per cent had access to safe water. Government/UNICEF collaboration installed 2,000 additional latrines in 1988-1989.

54. The proposed project will expand the ongoing rural sanitation project, and will emphasize health education, supervision and monitoring. Some 15,000 rural households will benefit from the activities.

55. In addition to technical assistance and latrine installation, oral rehydration salt packets have been made available at all health facilities, and health workers have been trained in dehydration case management. In 1988 and 1989, the Health Education Section of the Department of Health was strengthened by training in material development. The Government reaffirmed its commitment to address the problem of diarrhoeal disease and reactivated the National Water and Sanitation Advisory Group to co-ordinate external assistance and formulate policy.

56. The project aims to halve the 1986 diarrhoea-associated mortality rate of 48 per cent for children under five years old through efforts co-ordinated with the national PHC programme; reduce by 25 per cent the 1986 rate of diarrhoea incidence of 3.8 episodes per child per year in children under five years old in villages served by the project; enhance communications abilities of health educators, village sanitarians and plumbers; and increase the proportion of rural households having access to hygienic sanitation facilities by 55 per cent through the provision of ventilation improved pit latrines to 15,000 families.

57. Programme and technical training of local project personnel will enhance the national capacity to plan and manage rural sanitation systems. Support will include the recruitment of and travel costs for a manager, additional environmental health officers and a clerk. Communications support for the national sanitation programme will include the development of health education material; community training in the construction and maintenance of sanitation facilities; communications training for village sanitarians; and the strengthening of sanitation-related education activities. A United Nations volunteer communications

adviser will be recruited to assist the Health Education Section to implement a community mobilization and health education programme.

58. Support for the national rural sanitation programme will include the provision of transportation and construction materials. Communities will provide all the unskilled labour and locally available materials. A total of 15,000 ventilation improved pit latrines with superstructures made of local materials will be built at a cost of $30 per unit.

59. In late 1989, a monitoring and evaluation system was developed that stressed the ongoing collection and analysis of health information rather than periodic assessments. This locally sustainable system will be integrated with the national health information system using existing personnel and information systems.

60. Service delivery in sanitation and water supply will be integrated through selective common training and collaboration between village sanitarians and plumbers. Sanitarians will accompany water teams to assist in community education and mobilization, thus reinforcing the development of both health and water supply.

61. Some components of the existing country programme will be supported by UNICEF general resources. The Government will contribute the resources of the Health Education Section, and WHO will continue to support the basic training and upgrading of sanitarians and the Environmental Health Section.

IV. PHILIPPINES

U5MR: 73	Child population (0-15 years): 25 million
IMR: 44	Literacy (male/female): 86/85 per cent
GNP per capita: $590	Access to health services: not available

Upgrading and strengthening services for children in situations in armed conflict

62. An estimated 120,000 to 150,000 Filipino children are affected by armed conflict every year. There has been a growing awareness in recent years of the realities and needs of these children. The national consultation meeting of Government and NGO partners in September 1989 highlighted the need to develop relevant and responsive child-focused programmes; ensure the safety and protection of service providers, thus ensuring the delivery of basic services; and promote compliance with Protocol II, the Geneva Conventions, the Convention on the Rights of the Child and other humanitarian international legal instruments that protect children in armed conflict.

63. As an integral part of the third country programme for children (1988-1992), this project will protect and ensure access to basic and special services in times of armed conflict for some 45,000 children and their families, including special services for traumatized children.

64. Based on the experiences of the 1987-1989 pilot project, the programme will provide assistance to governmental and non-governmental agencies, community groups

and affected families. Co-operation will be maintained with the International Committee of the Red Cross (ICRC) and the National Red Cross as feasible. Assistance will include immediate relief services such as food, health and nutrition, and water and sanitation services; the relocation and rehabilitation of displaced families including shelter, alternative livelihood, food production and educational and psycho-social services for children; capacity-building for concerned agencies and groups; and advocacy and social mobilization based on the concept of children as a "zone of peace".

65. Concern for children and their families who became victims of armed conflict was first embodied in a 1986 joint UNICEF/National Economic Development Agency situation analysis of children in especially difficult circumstances, which was conducted in preparation for the third country programme for children.

66. In mid-1987, implementation of the pilot project "services for children in situations of armed conflict" began, with the assistance of the Governments of New Zealand ($285,292) and Norway ($225,700).

67. Coverage was concentrated in critical areas of the country such as Davao, Misamis, Maguindanao, Negros Occidental, Cebu and Bicol. Davao, Maguindanao, and Negros Occidental had already been selected for the area-based CSD programme, so agency partners were able to respond as needed. UNICEF and National Economic Development Agency teams provided immediate response through existing government and NGO groups following major conflicts at Misamis and Bicol.

68. During the past two and a half years immediate relief services were provided to 32,000 children of displaced families through the regional/provincial offices of the Departments of Social Welfare and Health, and NGOs. About 1,000 displaced families received relocation and rehabilitation assistance, and over 1,000 children benefited from psycho-social services and alternative educational programmes implemented by NGOs at Davao. This programme encouraged traumatized children to express fears and anxieties through play and art sessions.

69. An analysis of a UNICEF-sponsored University of the Philippines study of the psycho-social impact of armed conflict on children helped to improve NGO programmes. The study also facilitated the development of a check-list for field workers, teachers and parents to use in identifying psycho-social problems and training modules.

70. UNICEF produced a brochure entitled "Children as a zone of peace", based on the policy guidelines provided in the UNICEF Executive Board document on children in situations of armed conflict. The brochure focused particularly on Filipino children and on suggestions for specific strategy and interventions.

71. A mobile photo exhibition on the same theme sponsored by the Coalition for Peace travelled through different parts of the country. The alliance of NGOs has also been working with the Department of Health to implement initiatives such as the "immunization for peace" and "No to War Toys" campaign, which was organized by the Davao consortium on children in armed conflict. Both campaigns attracted extensive media coverage.

72. Consultations on specific situations of children in armed conflicts were held nationally and regionally with representatives of the Government, NGOs, and community groups. Regional networks for children in situations of armed conflicts have been set up at Davao, Cebu, Bicol and Maguindanao. At Davao and Cebu, the networks have been integrated into the urban basic services programme. The Maguindanao network is part of the provincial area-based CSD programme.

73. During 1990-1992, the project will upgrade and expand the programmes, networks and public awareness efforts initiated in 1987. Project expansion is required because of increased fighting and growing numbers of affected children. Therefore, the project will include the five areas previously covered, as well as the areas of Lanao del Sur, Agusan, Surigao, Misamis, Zamboanga, Samar/Leyte and southern and northern Luzon. Those regions were selected on the basis of identified needs and available capacities to meet those needs.

74. The basic project strategy is to strengthen the existing national, regional and provincial inter-agency bodies and area-based CSD networks, thus enabling them to respond more effectively to armed conflict situations. Activities will include direct services and community-based initiatives; advocacy and social mobilization; capacity-building and resource development; research, documentation and information dissemination; and programme support.

75. The project aims to increase the access of 45,000 children in situations of armed conflict to basic and special services and to develop participatory mechanisms for the delivery of basic and emergency services. Basic services include health services, especially immunization and the control of diarrhoeal diseases (CDD); water and sanitation; food security/production; vocational skills; and training and livelihood programmes. Attention will be focused on villages in which the needs of children and families are most critical. The delivery of basic services must be flexible in order to adjust to changing logistical circumstances and because the redefinition of "basic" under emergency circumstances often calls for managerial and technical skills, as well as other adaptations for which the ongoing basic services programme is not equipped.

76. Advocacy will focus on the promotion of various international humanitarian codes and instruments. Policy makers, combatants and parties to conflict, civic, religious, professional and academic organizations will be targeted, as will the mass media.

77. The project budget provides for management co-ordination, monitoring, evaluation, a project officer and a secretary, and national and international sectoral specialists/consultants.

78. UNICEF will exercise its responsibility as the non-partisan United Nations agency for children by assisting NGOs and community groups irrespective of their location and ideological affiliation, while continuing to co-operate with government partners.

V. VIET NAM

U5MR: 88
IMR: 63
GNP per capita: $130

Child population (0-15 years): 27 million
Literacy (male/female): 88/80 per cent
Access to health services (total/urban/rural): 80/100/75 per cent

79. Since 1945, Viet Nam has pursued a development policy aimed at providing health care and education for all, and major achievements were made in the late 1970s. A well-staffed health care network reaching to the commune level efficiently implemented PHC objectives, and illiteracy was virtually eliminated. However, the 1980s brought economic difficulties and budget deficits, and Viet Nam was unable to maintain the momentum of previous achievements. Health services were reduced and the quality deteriorated. Certain disease control programmes had to be abandoned, and the mortality rate for infants under one year of age rose to 63 per 1,000 live births. Illiteracy re-emerged in some areas and among particular groups, especially among women and ethnic minorities. School drop-out rates continued to grow.

80. In 1989, Viet Nam made important policy changes with regard to economic and social development by expanding its economic relations with the outside world. It has a large population, many different ecological regions, as many as 60 different ethnic minority groups and an underdeveloped economy. The country is challenged by a wide range of social development issues, which has led the Government to solicit UNICEF support for priority social projects including potable water supply and sanitation, strengthening the capacity of the grass-roots health network in areas affected by malaria and primary education.

Strengthening of the primary health care system in malaria endemic areas

81. Since health needs are so great and resources so limited, a focused strategy has been formulated to promote an integrated approach to PHC and to contribute to a reduction in morbidity and mortality, particularly in children, in the most populous and poorest parts of the country. This will eventually cover the entire population. UNICEF co-operation in the development of PHC was initially directed to six provinces and later extended to 13 densely populated provinces.

82. Assistance to the development of PHC included strengthening of the physical network, manpower development and community health education. UNICEF provided maternal and child care equipment for commune health centres, inter-communal polyclinics, district and provincial hospitals, as well as health education and communications training. Refresher training was provided to all health workers in EPI, CDD, acute respiratory infections (ARI), nutrition and water supply and environmental sanitation. Trachoma control aimed at blindness prevention has been initiated with a major health education component. In all PHC activities, attempts are made to integrate health education, social mobilization, capacity-building and sustainability components.

83. An examination of available data on health problems shows that if PHC is to focus on the major causes of morbidity and mortality, it must address the issue of malaria. According to Ministry of Health statistics, among 2.8 million cases treated in hospitals and medical institutions in 1987, malaria ranked first in morbidity and third in mortality. Since malaria is a problem of the greatest health importance, the malaria control programme is one of six national health programmes begun in 1989. It will most likely continue as a priority.

84. Viet Nam already has a widespread PHC network, although coverage is uneven. Nevertheless, certain problems will have to be addressed in order to deliver health services to the most remote areas, especially malaria-endemic zones. In the mountains and forested areas that are the hyperendemic zones, the network is the least adequate and least well structured.

85. Health services suffer from formidable structural difficulties, including the lack of up-to-date scientific knowledge, management and information in general. Supervision is weak and there are few guidelines. Finances are inadequate, affecting the provision of salaries, drug supply, transport, supplies and equipment.

86. The project will focus on strengthening the PHC network, with an emphasis on malaria control, prevention and treatment, and its integration with other interventions such as EPI, CDD and ARI. The project will cover 20 malaria-endemic provinces, with a total of 94 districts and 1,481 communes, and will benefit a population of 5.6 million.

87. The project will assess the most appropriate malaria control strategy to be integrated into the PHC programme. A number of interventions will be introduced to reduce malaria mortality and morbidity with an emphasis on protecting high-risk groups, pregnant women and children.

88. It will be implemented by the Institute of Malariology, Parasitology and Entomology, the Department of Planning, the Department of Hygiene and Environment, the Department of Organization and Personnel and the Ministry of Health in collaboration with WHO, other bilateral agencies and NGOs.

89. The following activities will be undertaken:

(a) The PHC system will be reviewed to assess current activities and malaria mortality and morbidity reduction interventions will be added. A major element of the project will be UNICEF technical assistance designed to refine project management strategy. This will include a review of current work plans, management and strategy and appropriate recommendations. UNICEF will provide one international Professional staff member for programme monitoring and evaluation, secretarial assistance and technical support from consultants;

(b) Staffing will be reviewed, and central-level training capacity will be strengthened to retrain senior national and provincial staff. This process extended to the district and commune level;

(c) A data base information system will be established that will extend from the commune to intermediate and central levels. The system will report and record

data on suspected malaria cases, illnesses and/or deaths, as well as the failure of malaria cases to respond to treatment. A central unit will be responsible for monitoring potential causal factors such as population movements, increased density of mosquitoes and the emergence of vector or parasite resistance to drugs. Surveys will be conducted to identify the needs of the PHC system in malaria-affected zones and to clarify health behaviour patterns so that a suitable approach to the community can be made. Surveys will be carried out in four provinces in four different zones, involving 10 community health centres and two intercommunal polyclinics in each province. Training workshops on PHC, including malaria mortality reduction interventions, will be held at all levels;

(d) Community-based management will be strengthened. UNICEF will supply malaria control drugs for high-risk cases, along with training in their use and logistics for delivery of services. Periodic supervision will be provided by national- and provincial-level staff who will review the cost-recovery system and determine how to sustain recurring costs, especially in the context of drug supply and other supplies related to personal protection, such as mosquito nets and screens. At community health centres, materials will be developed to support health workers in preventive and promotive activities. The strategy for PHC in this project calls for improved communications skills;

(e) Case management activities will be continued and improved. The existing government malaria programme is based on a strategy of case management and vector control (until such time as vector density does not pose a significant threat to health). Both prophylaxis and treatment of malaria cases will be addressed. The latter will include the provision of drugs required for patients hospitalized with drug-resistant malaria. For pregnant women, full chemoprophylactic doses of choroquine will be administered weekly, at least during the transmission season. Since chemoprophylaxis for children is no longer advised, children with fevers will be treated for presumptive malaria;

(f) Procedures are being established through the Ministry of Health for monitoring from the central level to district and commune levels. A local monitoring system will be developed to encourage management and responsibility for sustainable interventions. Courses planned on epidemiological statistics will aim to improve disease surveillance and the reporting system. An annual evaluation will allow for ongoing course corrections.

Water and sanitation

90. In Viet Nam, water-related diseases represent a major cause of child mortality and morbidity. Although there is abundant rainfall and surface water, in the highly populated coastal plains, where the dry season lasts from four to six months, the surface water is brackish and unfit for consumption. In addition, human and chemical fertilizers used in agriculture have led to bacteriological and chemical contamination. Skin diseases are widespread, affecting mostly women and children. There is little water at a shallow depth, as the strata just beneath the surface consist of clay. Therefore, despite the apparent abundance of water in rural areas, there is a severe lack of safe water for drinking or washing.

91. Environmental sanitation conditions are even less favourable and service coverage statistics are unavailable. According to 1987 hospital statistics, diarrhoea, mainly linked to the lack of safe water and unhygienic practices, is the second cause of child morbidity and the fourth cause of mortality. The high population density in the delta regions adds to the frequency and severity of epidemics. An aggravating factor in the northern provinces is the short time allocated for composting excreta used as fertilizer, thereby facilitating faecal-oral disease transmission.

92. UNICEF assistance to the rural water supply and sanitation project started in three southern provinces in 1981, and was extended to three northern provinces in 1983 and seven new provinces in 1988. In 1990, expansion is planned to 14 more provinces, including three mountainous areas in which ethnic minorities face especially difficult living conditions.

93. Using cost-effective technologies successfully adapted to local hydrogeological conditions, the water project has obtained encouraging results. From 1982-1989, a total of 20,750 wells were dug. With estimated average user-groups of 150 people per well, the total beneficiary population is about 3 million.

94. Sanitation activities have been implemented in 10 to 15 communes per province (150 total). Some 15,000 newly designed latrines will have been installed by the end of 1989 with UNICEF support. The UNICEF contribution, mainly for building materials, is about $15 per latrine, but it will be decreasing to less than $10 in the near future because of technical improvements. Labour costs and local materials which represent more than 50 per cent of the total cost is paid for by the beneficiaries. The main objective in the area of sanitation is to demonstrate the advantages of the new technology.

95. A specific concern is the generally unhealthy physical environment. Many primary schools lack clean water for drinking and washing, as well as sanitary latrine facilities.

96. The general objectives of this project are to reduce the incidence of water- and excreta-borne diseases by providing access to adequately safe water; to reduce the incidence of intestinal parasite infections by promoting effective sanitation; and to improve the living conditions of the community in general, and of women in particular, by increasing the quantity and quality of water. Specific objectives include the following:

(a) In the area of water supply, to install 32,350 additional wells and 82 gravity-flow systems for 5 million people in 27 provinces and to implement new low-cost techniques for areas where manual drilling or gravity-flow systems are not feasible. In addition, UNICEF will install 176 large diameter tube-wells when manual drilling is not feasible and establish 12 piping systems with slow sand filtration plants, using surface water from the Mekong and the Red Rivers, for about 600,000 people;

(b) In sanitation, the objective is to implement activities in 1,200 communes (about 188,000 latrines) also being covered by the water project. The project will also test, document and implement vector control activities in communes affected by malaria as a joint activity with the PHC sector, as well as construct or improve water and sanitary facilities in 1,060 schools and their communities;

(c) In health education, the aim will be to induce behavioural changes related to improved personal, domestic and environmental hygiene.

97. To achieve those objectives, the following strategies and activities will be undertaken:

(a) Identification, testing and implementation of low-cost technologies and appropriate use of existing technologies for water supply, sanitation and hygiene education;

(b) Capacity-building for monitoring on a national scale;

(c) Integration of water and sanitation activities into PHC, particularly the CDD programme, trachoma, dengue and malaria control;

(d) Active participation, including financial contributions, of the beneficiary population, particularly women;

(e) Contribution by UNICEF towards local costs for the poorest population;

(f) Village-level operation and maintenance, with special involvement of women;

(g) Undertaking of deworming campaigns, including the provision of tablets to reduce the incidence of parasite disease, while focusing attention on hygienic behavioural change;

(h) Social mobilization for improved personal, domestic and environmental hygiene with support from mass organizations such as the Women's Union;

(i) Use of schools as entry points to address personal, domestic and environmental health hygiene through education and promotion. Specific activities include hygiene education and the construction of demonstration latrines, involving schoolchildren whenever possible;

(j) Strengthening operational structures to carry out programme activities involving the organization and reinforcement of institutional capacity-building, logistics, monitoring and evaluation, pre-intervention knowledge, attitude and practice studies and periodic post-intervention evaluation studies;

(k) Collaboration with other agencies such as the United Nations Development Programme (UNDP), WHO, bilateral agencies and NGOs.

Education

98. In the field of education, UNICEF has undertaken projects on basic general education and on alternative education for disadvantaged children.

99. Viet Nam has made major progress towards universal primary education and in establishing special education programmes to meet development needs and the special needs of disadvantaged groups. In 1989, adult literacy was estimated at close to 85 per cent. About 25 per cent of the population is in school and the enrolment rate for the first grade of primary school education is 85 per cent. Some 26 per cent of eligible children are in formal day-care centres and kindergartens.

100. Educational reforms in 1979 led to curriculum changes, new textbooks, expanded enrolment and the training and retraining of teachers. Viet Nam now has a unified national education system.

101. In spite of those notable accomplishments, many problems remain. Large numbers of children do not benefit from a complete primary education. Some 15 per cent of children do not enrol in the first class of primary education and another 25 per cent drop out before completing the five years of cycle I. It is estimated that 1 million children of primary school age are out of school, most of them from poor families. Only about 45 per cent of the 720,000 primary school-age children of ethnic minorities living in remote mountain areas of the country are enrolled in formal education.

102. Worsening economic conditions have meant that resources for textbooks, teacher salaries and school upkeep are inadequate. Rapid population growth continues in spite of family planning efforts, and the numbers of children that need to be enrolled increase considerably each year.

103. The regular UNICEF programme is already actively assisting Viet Nam to improve pre-school and basic general education in the preparation of curriculum, the training of the teachers and the improvement of physical facilities.

104. Moreover, efforts have been made to reinforce the capacity of the Ministry of Education publishing house and printing press. In 1988 and 1989, two offset printers and desktop publishing computers were provided. New books created by the curriculum reform have been prepared and are ready to be printed. Training for the new curriculum has begun in the 13 provinces of concentration.

105. To address the needs of children outside the formal school system, the Ministry of Education has created two special 100- and 120-week curricula, referred to as alternative basic education. These two curricula, and the approach being used to reach the disadvantaged, represent an innovative element of the country's strategy to achieve universal basic education. The approach incorporates flexibility of study hours, a reduction in subjects taught and a focus on basic literacy and math skills, as well as on health and nutrition education.

106. The general objectives of the project are to maximize the number of school-age children benefiting from education and to integrate children more fully into their social and economic environment.

107. The specific objectives are to distribute primary school textbooks free of charge to the most disadvantaged provinces; to train the teachers to use these books within two years; to strengthen the quality of alternative basic education, emphasizing the Vietnamese language and mathematics for 15,000 children of ethnic minorities and 250,000 out-of-school children by 1992; and to improve social and economic opportunities for disadvantaged children.

108. Under the new basic general education project, the reform curriculum will be reinforced in a total of 20 mountain, delta and typhoon-prone provinces that are economically disadvantaged. Health education messages based on Facts For Life and other sources will be integrated into the new curriculum.

109. The training of trainers will focus on those who train the primary school teachers of these provinces. Refresher courses will also be offered and teachers' books and textbooks will be provided.

110. The first two classes in the primary cycle (grades 1 and 2) and the last class of pre-school will receive initial attention, since a good foundation is essential to a basic education. The health and nutrition curricula first developed in 1986 will be improved and further developed.

111. The alternative basic education project will strengthen the alternative education classes of the Ministry of Education and the Viet Nam Children's Committee, which is responsible for conducting the classes. This assistance will consist of a survey of condition and needs; the upgrading of teaching skills, supervision, community involvement and physical facilities; the further development of curriculum materials; and the increased availability of teaching and learning materials. Overall planning and management of the two programmes will also be strengthened. Teachers, community groups and local Children's Committee groups are responsible for the organization, guidance and monitoring of the classes. The Ministry of Education and the Viet Nam Children's Committee will monitor quality and coverage nation wide in order to determine whether adjustments are necessary in curriculum or approach, as well as the need for future expansion. Mass organizations will be involved in the strengthening and coverage of alternative basic education activities wherever possible.

112. UNICEF will provide paper for textbooks, printing costs for pre-school books, training costs, training supplies and costs for workshops. The Government will provide printing and distribution costs for primary textbooks; teacher training; refresher courses for teachers; personnel for training, supervision and monitoring; food and clothing for children of ethnic minorities in alternative education schools; costs of distributing texts and teachers' guides; and costs related to routine programme monitoring. UNICEF assistance will be in collaboration with the United Nations Educational, Scientific and Cultural Organization (UNESCO), bilateral agencies and NGOs.

113. Monitoring of supplies will be part of the project, and periodic evaluations will be carried out to determine the effectiveness of interventions.

Estimated annual expenditure

(In thousands of United States dollars)

Country/programme	1990	1991	1992	1993	1994	Total
Bangladesh						
Expanded programme on immunization	3 151	7 863	8 504	7 953	-	27 471
Nepal						
National literacy programme	575	1 100	1 100	1 100	1 100	4 975
Pacific island countries						
Accelerated social mobilization for child survival and development	95	128	308	-	-	531
Early childhood education	73	64	28	-	-	165
Rural sanitation in Vanuatu	172	125	112	101	101	611
Subtotal	340	317	448	101	101	1 307
Philippines						
Upgrading and strengthening services for children in situations of armed conflict	700	700	600	-	-	2 000
Viet Nam						
Strengthening of the primary health care system in malaria endemic areas	2 000	2 000	-	-	-	4 000
Water and sanitation	6 059	5 786	-	-	-	11 845
Education	2 126	2 029	-	-	-	4 155
Subtotal	10 185	9 815	-	-	-	20 000
Total	14 951	19 795	10 652	9 154	1 201	55 753

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FOR ACTION

RECOMMENDATION FOR ADDITIONAL GENERAL RESOURCES TO FUND THE APPROVED COUNTRY PROGRAMMES

SUMMARY

The present document contains recommendations for additional general resources to fund the approved country programmes in countries in the Africa, Americas and the Caribbean and Middle East and North African regions for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme period 1990 to 1992. The Executive Director recommends that the Executive Board approve additional general resources in the following amounts, totalling $16,062,000, to achieve the objectives of the country programmes as originally approved by the Board.*

Country/programme	Amount (United States dollars)	Current programme cycle
Congo	1 225 000	1988-1992
Gambia	314 000	1987-1991
Lesotho	646 000	1987-1991
Senegal	2 005 000	1987-1991
Zaire	6 000 000	1987-1991
Dominican Republic	321 000	1988-1991
Guatemala	1 197 000	1987-1991
Honduras	612 000	1987-1991
Algeria	295 000	1986-1990
Morocco	2 520 000	1987-1991
Tunisia	927 000	1987-1991

Annual funding requirements of the 11 countries are provided in the table.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme co-operation at the end of 1989, will be contained in the "Summary of 1990 recommendations for general resources and supplementary funding programmes" (E/ICEF/1990/P/L.1).

INTRODUCTION

1. Owing to increased availability of general resources in 1989 and to increased income projections in the medium-term plan, the Executive Director has authorized increases in the annual planning levels of a number of countries. Increases in planning levels are normally authorized starting from the first year of the new country programme submission to the Executive Board. In view of significant revenue increases, the Executive Director has made a policy decision to increase planning levels of all countries without waiting for the commencement of the new country programme cycle.

2. Revised planning levels have been calculated on the basis of updated under-five mortality rates (U5MRs), per capita gross national product and child population, in line with the guidelines approved by the Executive Board to determine annual planning levels. The planning levels of Morocco, Senegal and Zaire, among others, were thus increased to comply with the guidelines.

3. In addition, the Executive Director has authorized increasing the ceiling for general resources annual planning levels from $300,000 to $500,000 for countries that have a child population of more than 1 million and/or have full-fledged UNICEF country offices. In other countries, the minimum ceiling has been increased to $300,000. Algeria, the Congo, the Dominican Republic, Honduras and Tunisia have benefited from such increases.

4. This has permitted offices to accelerate and expand programming with Governments within the approved period of the country programme. In Lesotho, Senegal, Guatemala and Honduras, the Executive Director has authorized accelerated expenditure levels for universal child immunization (UCI) within the approved country programme. However, the balances of approved general resources are not sufficient for the 11 countries to fund the programmes up to the end of the approved country programme period. The Executive Director recommends that the Executive Board approve additional amounts from general resources covering the programme period as originally approved by the Board.

I. CONGO

5. The country programme for 1988-1992 was approved by the Executive Board in 1988 (E/ICEF/1988/P/L.9), with available general resources amounting to $1,005,000. In 1989, the annual planning level for the Congo was increased from $200,000 to $500,000.

6. The country programme depends heavily on the availability of supplementary funds. Of its three major programmes, two projects (water and sanitation and women in development) rely entirely on supplementary funds. These projects have remained unfunded to date, making it impossible to start implementation.

7. Despite the above-mentioned funding constraints, the implementation of the health projects is successfully under way, which in part was made possible because

of the increase of the 1989 ceiling. This increase complemented supplementary funds, thus permitting coverage of crucial activities. Additional funding in the amount of $1,225,000 is being requested to implement the programme of co-operation, while remaining within the scope of the programme approved by the Board in 1988.

8. Since the start of the new programme of co-operation in 1988, each district in the country has been fully equipped with at least one, or in most cases two, fixed vaccination centres. The total number of fixed vaccination centres has increased from 100 to 150. Training of vaccinators has been completed in each of the 10 regions of the country, and supervision of immunization activities in each region has been carried out every six months. Support for information, education and communication (IEC) activities has included songs, clips, stickers, posters and brochures. An evaluation of vaccination coverage performed in August 1988 showed that coverage for three doses of combined diphtheria/pertussis/tetanus (DPT3) vaccine is 87 per cent and coverage for measles is 73 per cent. The priorities for future action focus on continued support to the expanded programme of immunization (EPI) activities to meet UCI by 1990 objectives and to maintain the coverage attained.

9. The number of oral rehydration therapy (ORT) units within health centres increased from 33 at the end of 1987 (mostly in the country's two main cities) to 81 units by the end of 1989, so that each district is equipped with at least one ORT facility. Training in the management of diarrhoeal patients at the peripheral level has been carried out in all 10 regions of the country. The same structures and trained staff manage the treatment and prophylaxis of malaria. The current number of ORT units will be doubled by 1992, thus improving access to ORT in all immunization centres.

10. Growth promotion involves dealing with the four priorities of the nutrition programme: the improvement of growth monitoring, breast-feeding promotion, ORT and proper weaning. Training activities and the production of didactic material have been carried out during the last two years.

11. The acquired immunodeficiency syndrome (AIDS) component of the programme was started in 1989 with its main activities focused on the training of medical and paramedical workers and educators. Training seminars were organized in each region during 1989. IEC activities were undertaken, including the production of posters and bulletins, information workshops and television broadcasting. Activities concerned with the implementation of counselling services for sero-positive women have been temporarily postponed owing to a delay in the analysis of a knowledge, attitude and practice (KAP) survey. The social mobilization experience already developed will be applied to the production of IEC materials to support AIDS control. Counselling activities will be developed mainly in urban areas.

12. The implementation of the Bamako Initiative will be a priority in 1990, allowing UNICEF-assisted health projects to become progressively self-sufficient and encouraging the gradual expansion of a network of well-managed, efficient health centres providing accessible and affordable medical care. Malaria control activities and growth promotion will benefit from the expanding health facilities network.

Water supply and sanitation

13. This area-based project in the Pool Region aims to ensure better health conditions and to alleviate women's burdens by providing clean water (20 litres per person per day) to 52 per cent of the population by 1992. Community participation will be a key strategic element in ensuring project success. In peri-urban areas, beneficiaries will be expected to undertake an official commitment on the basis of a document prepared by the Water Department. UNICEF will help to specify the various activities and responsibilities to be designated to communities served by the project.

Women in development

14. This area-based project seeks to improve the situation of low-income families by drawing women into the market economy and encouraging the development of small-scale enterprises such as milling, seed production and animal husbandry. In addition, the establishment of self-reliant groups to articulate priorities and define existing resources will lead to a broad range of income-generating activities benefiting women and their children. A system will be developed through which government commercial development banks will provide credit to groups of women for economic ventures such as agricultural production, fish breeding, small animal husbandry and handicrafts. The establishment of groups and management training will be key factors in project implementation.

II. GAMBIA

15. The country programme for the Gambia for 1987-1991 was approved in 1987 (E/ICEF/1987/P/L.11) with available general resources of $759,000. In 1989, the annual planning level for the Gambia was increased from $150,000 to $300,000.

16. Since the programme is based on a multisectoral approach, UNICEF co-operates directly with at least six ministries, in addition to its general advocacy for child-related issues with six other ministries. The programme focuses on primary health care (PHC), education and nutrition, with the budget allocation for health constituting nearly 70 per cent of the UNICEF annual country budget for the Gambia. The additional recommended amount, $314,000, will be used to ensure the achievement of the current programme of co-operation approved by the Board in 1987. It is planned to continue major projects in the health sector, including immunization, malaria control, acute respiratory infection (ARI) and safe motherhood.

Health

17. UNICEF support, including the provision of drugs, medical supplies and equipment for upgrading health centres, logistics, transport and the training of health personnel, is the crucial element in the health care delivery system. The immunization programme has achieved high vaccination coverage among the target group because of uninterrupted service delivery and the use of mobile maternal and child health (MCH) teams. Additional funding support is required to sustain this

coverage since the Government is unable to absorb the programme cost, given the current economic situation.

Food security and applied nutrition

18. In the area of food security and applied nutrition, substantial and constructive efforts are seriously needed, particularly at the height of the rainy season (July-August). Many rural families suffer various risks and stresses during the hungry season caused either by the climate (inadequate rainfall), the economy (fluctuating prices for groundnut producers) or a lack of access to food through the market system. UNICEF assistance is currently earmarked for a women's gardening project, a school garden project (37 schools) and support in nutrition surveillance and training for staff at the Nutrition Unit of the Medical and Health Department. In order to ensure practical and realistic planning for increasing food production and consumption, a national policy on food and nutrition is essential. The provision of a certain amount of financial resources and qualified expertise are foreseen to assist the policy formulation.

Education

19. In order to assist the Government in improving the quality of education, UNICEF has, despite its limited resources, directed its inputs towards the in-service training of primary school teachers in all four educational zones and towards the provision of textbooks to primary school pupils in zones 3 and 4. Major support has also been given to strengthening the capacity of the Inspectorate Unit of the Ministry of Education to supervise and monitor the school systems in zones 3 and 4, respectively. The March 1990 World Conference on Education for All should provide a new impetus for reviewing educational reform, which is expected following the structural reorganization of the Ministry of Education, Youth, Sport and Culture, as defined in the new education policy.

Water and sanitation

20. UNICEF assistance for rural water supply and sanitation has been increased through additional funding from general resources. To date, almost 1,500 out of a planned 2,300 wells have been constructed. A recent PHC survey indicated that poor excreta disposal methods in the Gambia were a major constraint. Despite earlier success in providing water supply and sanitation facilities, epidemiological surveys have indicated a significant reduction in programme performance, specifically in the understanding and practice of ORT. The UNICEF-assisted project attempts to co-ordinate on a national scale, village-level water provision by combining the construction of sanitation facilities and the national diarrhoea control programme into a joint intersectoral community-based project. Following recommendations from a recent PHC survey, a more systematic and better designed control of diarrhoeal diseases (CDD) teaching programme has been established for health and other extension personnel and will be implemented in 1990-1991.

Advocacy

21. During programme implementation, some interventions took place and new child survival and development (CSD) partners were identified. Advocacy and the mobilization of parliamentarians and media personnel were successful and had an impact on the development of children. New partners will be involved in the planning exercise for the new programme for 1992-1996, particularly in the areas of monitoring, evaluation and communication.

III. LESOTHO

22. The country programme for Lesotho for 1987-1991 was approved in 1987 (E/ICEF/1987/P/L.13), with available general resources of $1,924,000. In 1989, the annual planning level for Lesotho was raised from $326,000 to $500,000, with immediate effect. This has enabled the Government and UNICEF to expand activities within the country programme.

23. The current programme of co-operation includes four major components: EPI/MCH; the integration and training of community health workers (CHWs); child nutrition and household food security; and early childhood development.

24. Additional funds of $646,000 are being requested to accelerate the programme of co-operation with Lesotho, while remaining within the scope of the programme approved by the Board in 1987.

Maternal and child health

25. The cold chain was strengthened by the provision of additional cold-chain and transport equipment, which resulted in full immunization coverage for 61 per cent of infants in 1988. Present immunization coverage levels are 91 per cent for anti-tuberculosis vaccine (BCG); 73 per cent for polio myelitis; 64 per cent for DPT; and 63 per cent for measles vaccine. UNICEF will support neonatal tetanus immunization for pregnant mothers in 1990. The integration and expansion of the delivery of PHC services has led to increased utilization of health services, with a subsequent reduction in many childhood diseases such as measles and poliomyelitis and an overall reduction in childhood morbidity and mortality. The original estimate for the infant mortality rate (IMR) in Lesotho - 110 per 1,000 live births - was based on the 1976 census. The results of the 1986 census, to be published by early 1990, are expected to reflect a significantly lower IMR.

26. ARI, mainly pneumonia, are responsible for about 25 per cent of deaths that occur in children under five years of age in Lesotho. Lower respiratory tract infections are the second leading cause of death. The Government has created the Lesotho National ARI Control Programme and UNICEF will provide funds for health education materials production, the training of health workers and the provision of equipment and drugs. For CDD, the Government has developed a long-term plan focusing on the national production of oral rehydration salts (ORS) packets, health education messages and standardized treatment at home, health centres and hospitals. UNICEF will support KAP studies and the training of government staff, CHWs and supervisers.

27. A training curriculum for traditional birth attendants (TBAs) was developed in 1988, while drafts of the TBA manual and workbook, village health workers (VHWs) curriculum, manual and workbook, and national guidelines for CHW training were developed in 1989. As of the end of July 1989, 2,700 VHW kits and 1,000 TBA kits had been distributed. By the end of 1989, 5,759 VHWs and 197 TBAs had been trained, 613 of whom perform the dual role of VHW/TBA. Supervisory check-lists have been developed for health centre staff and transport was provided for supervision.

28. Government efforts will continue to ensure that the widespread use and understanding of good health practices are maintained and increased. UNICEF will continue to assist in the development of education materials, the training and equipping of CHWs and TBAs, supervision and management, social mobilization and monitoring and evaluation. Pilot studies undertaken by the Government and non-governmental organizations (NGOs) in selected communities to assess the viability of using the UNICEF/World Health Organization (WHO) Bamako Initiative strategy of supporting PHC have shown positive results. UNICEF will assist in training, the provision of essential drugs and monitoring and evaluation activities.

Child nutrition

29. A baseline survey was carried out in two pilot districts. The existing growth monitoring charts were reviewed and revised to reflect current child health procedures and standards. A national workshop was held to review results of district-level activities and project objectives and to draw up future plans. The project document was revised to set more realistic and achievable targets.

30. The Government will be assisted in its efforts to reduce the incidence of malnutrition among children under five years of age. The pilot programme will continue in two districts. UNICEF will assist in training, data collection, material production and supplies. The results of recent surveys on iodine deficiency disorders (IDD) indicate that endemic goitre occurs in Lesotho. This is especially serious in the mountain areas. UNICEF will support the Ministry of Health's efforts to legislate salt standards, to develop health education materials and to undertake baseline surveys of IDD.

Early childhood development

31. A seminar was held for key government officials to discuss the early childhood development policy, and guidelines and curricula for training those involved in this area were developed. Supervisory visits, which are continuing, were made to 28 pre-schools, and 12 public awareness meetings were held in different parts of the country. Check-lists and evaluation forms have been developed and are being used to monitor training courses and to assess the impact of the training programme.

32. While the Government early childhood development programme is now receiving funds from other donors, there are still areas that will require UNICEF support. This support will focus on the production of educational materials, the evaluation of the current programme, supervisory field visits, the production of visual aids and the training of village centre workers.

Social mobilization

33. The Ministry of Information and Broadcasting was designated as the lead agency to collaborate directly with the mass media on CSD issues. Activities have included radio dramas, photographic competitions, choral competitions and support for newspaper features. Mass media personnel have received information about CSD issues, resulting in the formation of a Lesotho Mass Media Association for the Child. A national children's conference was held in 1989. Partners in the "grand alliance for children" in Lesotho now include non-health organizations such as religious groups, women's groups, the Boy Scout movement, traditional chiefs and members of village development councils.

34. With the increased attention to mobilizing teachers, policy makers, communities, the Ministries of Health, Information and Broadcasting, Education and others for CSD, the thrust of future activities will be on capacity-building for sustainability and on the empowerment of the rural poor. UNICEF will provide funds for consultative meetings, training and project support. In an effort to reduce and control the transmission of AIDS, IEC activities to influence and change sexual behaviour will be provided. UNICEF, in co-operation with WHO, will provide funds for the production of health education materials, particularly for schools and communities, using CHWs as agents of change.

IV. SENEGAL

35. The country programme for Senegal for 1987-1991 was approved in 1986 (E/ICEF/1986/P/L.10), with available general resources of $5,223,000. The annual planning level was increased in 1989 from $991,000 and later to $1,200,000 owing to a decline in per capita income and the increased availability of general resources. Additional funding in the amount of $2,005,000 is requested for the remaining period of programme co-operation (1990-1991), within the scope of the programme already approved by the Board in 1986.

36. In accordance with the general objective of reducing infant and child mortality, the programme aims to develop health services for all communities; to support basic education, particularly for women, to permit them to acquire the knowledge and skills necessary for their own and their children's development; to assist income-generating activities for women's groups; and to develop the capacity of government and non-governmental partners, especially at the local level, to conceive, implement, monitor and evaluate programmes in favour of Senegalese children.

37. During 1990-1991, the situation analysis will be updated in preparation for the new country programme.

38. The current UNICEF programme of co-operation has three types of interventions: (a) with an IMR of 86 per 1,000 live births and a U5MR of 191 per 1,000 live births, the national programmes aim to reinforce child survival; (b) the integrated area-based programme now being developed in 5 of the 10 regions goes beyond survival to address problems of child development in specific environment; and (c) education and advocacy activities focus on the effective

diffusion of health and nutrition messages through functional literacy and other non-formal education projects.

Health

39. One of the principal aims of the country programme is to achieve UCI by 1990. The strategy chosen by the Ministry of Health has been one of decentralization, integrating EPI into the larger context of PHC. With coverage of BCG at 84 per cent and DPT3 at 55 per cent, a major effort is needed to prevent programme drop-out, through providing opportunities for vaccination and improving outreach capacity, effective supervision at the periphery and inter-ministerial collaboration

40. Although no single national strategy for EPI acceleration has been adopted, each region will develop appropriate interventions to ensure achievement of the target of 80 per cent coverage by antigen by 1990 and to assure programme sustainability after 1990. Daily vaccinations will be assured using the nation-wide network of 750 health posts, outreach and mobile teams and mobilization so as to ensure active community participation. Technical supervision and monitoring will be the responsibility of the Ministry of Health, and regional governors, district and sub-district mayors will play a key role in intersectoral co-ordination. UNICEF will support EPI by providing technical assistance, vaccines and equipment, as well as funding for certain local expenses. Support for the development of regional health plans will include the costs of operational research and studies, especially with regard to community financing and management.

41. Almost one fourth of child deaths are due to diarrhoea. A recent evaluation shows that oral rehydration units are increasing and the number of reported cases of moderate and severe dehydration is decreasing, owing in part also to the increasing awareness of communities about ORT. However, inadequate attention is given to feeding during bouts of diarrhoea. In general, growth of the average child starts to falter at three months, drops to 80 per cent of the standard rate at 10 months and to 75 per cent at the age of two years.

42. Subnational health plans are increasingly adopting integrated MCH care interventions as a strategy to prevent and treat child diseases. Diarrhoea prevention treatment will continue in MCH centres and specialized oral rehydration units. Social mobilization strategies set up for UCI will be modified to overcome diarrhoea-related problems.

Integrated area-based projects

43. Integrated area-based projects are developing in Saint-Louis, Thies, Lambacounda, Kolda and Ziguinchor, reaching 265 villages and providing basic services including horticulture, labour-saving technologies such as grinding mills, wells, day-care centres and training for village health agents. Each project site is managed by local groups. While the project still has to overcome marketing problems to provide sufficient incentive for income generation for women, inter-ministerial co-ordination and co-operation have improved at the regional level.

44. UNICEF will continue its support to the five integrated area-based projects, focusing on strengthening health services, improving family income, easing women's and children's domestic work-load, organizing communities towards self-reliance and improving the capacity of local authorities to manage development activities. The Saint-Louis project will provide special support for displaced families affected by the recent Senegalese-Mauritanian conflict.

Education

45. With the current crisis in the education sector (which suffers from severe financial restrictions in spite of a target group growing at a rate of 6 per cent per year), the level of primary school enrolment, now already low at 55 per cent, will continue to drop.

46. In collaboration with Culture for African Development, an NGO, and under the auspices of the Ministry of Social Development, the non-formal education for development project will provide rural communities, especially women, with the possibility of participating in literacy training and basic education in the national languages, Wolof, Pulaar and Mandika. Reading, writing, arithmetic, health education and knowledge in income-generating skills and management will be taught. The project will be linked to the integrated area-based programmes already developed.

47. Within the context of "Education for All," UNICEF will fund a study examining traditional institutions and their role in children's education. This study will be the basis for programme development in 1992-1996.

V. ZAIRE

48. The country programme for Zaire for 1987-1991 was approved in 1987 (E/ICEF/1987/P/L.13), with available general resources of $15,500,000. In 1989, the annual planning level for Zaire was increased to $5,300,000. Additional funding in the amount of $6,000,000 is required for the period January 1990-April 1991, for which Executive Board approval is sought.

49. Notwithstanding the complexity of child problems in this large and multifaceted country, the Government expects programme implementation in 1990 to focus on UCI and the promotion of PHC through the Bamako Initiative. The education and social mobilization components will not be continued beyond 1989.

Health

50. The Government has made regular progress in supporting and organizing EPI, which has now become the most productive of the PHC components. Important resource mobilization undertaken by the Government, in addition to external aid (mainly from the United States Agency for International Development (USAID) and UNICEF), have helped to build a decentralized structure of 22 EPI antennae and to integrate immunization activities at the health zone level, while national planning and co-ordination remain at the central level. In 1988, EPI activities were extended

to 273 health zones, compared with 206 in 1987. Achievements in coverage are mainly attributable to impressive results in the capital, Kinshasa, which appears to have already exceeded the 1990 UCI norms set by the Organization for African Unity (OAU). In 1988, completion rates for BCG, measles and DPT/three doses of oral polio vaccine (OPV3) were 93, 82 and 88 per cent, respectively, according to 30 cluster surveys of 212 one-year-olds in November and December 1988. The situation at Kinshasa shows a large disparity with the other urban and rural areas. At the end of 1988, the national coverage rates were 59 per cent for BCG, 41 per cent for DPT/OPV3, 44 per cent for measles and 43 per cent for two doses of tetanus toxoid (TT2) vaccine.

Universal child immunization

51. EPI acceleration will continue intensively and will be achieved in the remaining targeted areas - 15 cities and 110 rural health zones. The strategy begun in 1989 will be sustained in order to immunize at least 810,000 new-borns by December 1990.

52. In urban areas, the three vaccination sessions are spread over 11 weeks. Each is repeated 15 times, resulting in a momentum of acceleration in several cities throughout the year. Experience gained from the first mini-campaigns will be used in programme expansion in the remaining 15 cities.

53. For rural areas, 110 health zones have been identified as the least productive of the 273 health zones that provide vaccination services on a regular basis, with coverage between 20 and 50 per cent. As in urban areas, rural acceleration will be launched first in Bas-Zaire on a small scale because it is relatively accessible and has only two health zones, with coverage near 20 per cent. Lessons learned from the Bas-Zaire experience will be used in the other regions targeted for rural expansion.

54. The requested funds will be utilized to assist the government programme to improve EPI service delivery in both urban and rural areas (supplies, equipment and vaccines); to undertake training and social mobilization; and to survey, evaluate and provide technical services. All these actions will help to strengthen delivery systems so as to guarantee long-term sustainability.

Primary health care through the Bamako Initiative

55. With the considerable PHC experience that Zaire has acquired through the use of essential drugs, the Bamako Initiative proved to be an excellent tool to perfect traditional community finance systems. Since 1987, UNICEF has encouraged and supported the Government in order to enhance community management of PHC at different levels (health zones and health centres) by ensuring initial stocks of essential drugs in 184 assisted health zones. The Bamako Initiative strategy has so far been implemented in two phases. The first phase (1987-1988), was a preparatory period and resulted in the opening of three experimental regional depots for essential drugs. Lessons learned from this experimental phase in terms of management, accessibility, logistical constraints, cost-recovery and replenishment have led to the second phase, which was implemented in January 1989.

56. Since the beginning of the second phase, a national Bamako Initiative committee has been established; eight more depots are now functioning; 14 regional pharmacists and 11 regional medical doctors have been trained; and new management tools have been developed and introduced. These actions have helped to extend the coverage of services, while accessibility to low-priced essential drugs has increased since each of 11 regions now has an operational depot.

57. A July 1989 mid-term evaluation indicated that it is essential to improve programme performance in supply requirements and drugs management within national and local contexts. In the area of community finance management, there is a need to take into greater account the role of the local health committee, the pricing system and equity.

58. An integrated PHC approach has been developed in the region of Kasai, which combines the rehabilitation of basic infrastructure and the Bamako Initiative and EPI campaigns with full community participation at all levels. This approach has produced significant results. From September 1988 to August 1989, 35 health centres and 4 referral hospitals have been renovated, health service coverage has increased from 20 to 70 per cent and EPI coverage to 88 per cent and MCH sustainability has been ensured through the constant availability of essential drugs and improved management at all levels. All UNICEF-assisted PHC activities will need to be developed with such an integrated approach.

59. The main nutrition problems affecting women and children have been identified as protein malnutrition, endemic goitre and nutritional anaemia. In 1988, the Government, with UNICEF assistance, developed training modules for inclusion in the PHC training of chief zone doctors. With the Ministries of Education and Health, appropriate modules were used to train 100 primary school teachers in the region of Bandundu, and the curriculum has now been introduced. UNICEF has also continued to assist food security systems at the household level through the production and use of relevant local crops, such as soja (soya).

60. In the field of ORT, good progress was made in operationalizing the regional training centres. The central referral hospital, Mama Yemo, at Kinshasa, continued to be a model for African countries in training and clinic management. Efforts to activate sentinel posts had positive results, and the number of cases treated with ORS has increased from 42 per cent in 1985 to 74 per cent in 1988.

61. The campaign against malaria remains a priority in the context of the 1987-1991 plan of operations, with emphasis on preventive activities for pregnant women. Some 35 per cent of health centres now systematically provide chloroquine to pregnant women. With UNICEF assistance, the national anti-malaria campaign made efforts to improve the existing drug system delivery by ensuring that all 22 EPI district centres and 11 regional depots had the required preventive and curative essential drugs (chloroquine).

62. Taking into account the findings of the mid-term evaluation, the Government has decided to update the programme and strengthen its performance. A mid-term plan of action for September 1989-December 1990 has the following objectives: (a) to reinforce the management and functioning of 11 regional depots and the

central offices of 150 health zones; (b) to strengthen cost-recovery systems at the community level; and (c) to increase accessibility of essential drugs to 1,000 health centres and 150 health zones within three years and to increase health service coverage from 30 to 60 per cent within three years. After 15 months, 400 health centres in 60 zones are expected to be integrated fully into the delivery system.

63. The requested funds will be utilized to ensure the constant availability of drugs in depots and health centres, to provide required training to medical personnel in management, to produce and ensure the use of appropriate management tools at depot and health centre levels, to promote information and communication on programme objectives and to undertake operational research at the community level.

VI. DOMINICAN REPUBLIC

64. The country programme for the Dominican Republic for 1988-1991 was approved in 1988 (E/ICEF/1988/P/L.13), with available general resources of $1,731,000. In 1989, the annual planning level for the Dominican Republic was increased from $420,000 to $500,000, with immediate effect. This has enabled the Government and UNICEF to expand activities within the country programme.

Child survival and development

65. The national child survival plan is progressing as planned. Annual campaigns and reinstituted routine vaccination services have resulted in high and sustained levels of immunization coverage, and reductions in morbidity rates owing to immunopreventable diseases have been recorded. Almost 1,000 training courses on the treatment of ARI, diarrhoea and malnutrition have been held, with UNICEF support, for over 46,000 health promoters. Social mobilization activities have helped to promote growth monitoring, while CDD advanced through the opening of 35 ORT units equipped with UNICEF support and the provision and distribution of brochures on the treatment of diarrhoeal dehydration and packets of ORS.

66. Much progress remains to be made in relation to low birth weight, breast-feeding and child growth monitoring. The health sector has suffered from the lack of a single management unit and the firing of 6,000 health workers.

67. The expanded co-operation will permit intensified support to the national child survival plan. The cold chain will be strengthened with the acquisition of refrigerators for rural clinics. Additional financial and technical co-operation will be provided to develop further the Government's ability to administer the national child survival programme with training in planning, programming supervision and evaluation processes. Additional support will also be provided to enhance the participation of NGOs and to integrate the activities within education services, with a focus on pre-schools.

Women in development

68. The inter-agency council of the Women's Bureau has taken steps to define a cohesive national policy agenda for women. This effort has been strengthened by the formation of a co-ordination group of 50 NGOs working on women's issues. To date, however, the Women's Bureau has been unable to voice effectively a national policy in favour of women. However, progress has been made in the area of legal reform.

69. Additional support will be provided to strengthen the capacity of the inter-agency council of the Women's Bureau and the NGO co-ordination committee and to support legal reforms in favour of equal treatment in accordance with the principles of the Convention of the Elimination of All Forms of Discrimination against Women.

Children in especially difficult circumstances

70. Co-ordination between government and non-governmental agencies to form a national policy and unified movement in favour of children in especially difficult circumstances is progressing slowly. In addition, the creation of a code for minors has continued to elude advocacy efforts.

71. The next two years will be dedicated to supporting the definition and effective implementation of such a national policy. UNICEF will provide additional financial and technical assistance to strengthen the efforts of the co-ordinating committee. The ratification of the Convention of the Rights of the Child in the form of a code for minors will constitute a major objective in the upcoming yea..

Monitoring economic and social policies

72. UNICEF is assisting the Government in its first effort to implement a routine monitoring system of the effects of socio-economic policies on maternal and child welfare. Over the past two years, the selection of work areas, the contracting and training of personnel, the elaboration and testing of instruments, the acquisition of materials and the monitoring of the first study group of 3,000 mothers and children was carried out.

73. Additional support will be provided to strengthen this priority for the improvement of general social information systems, with a particular focus on overcoming the deficiencies of health information in order to provide timely data on changes in morbidity and mortality in children.

VII. GUATEMALA

74. The country programme for Guatemala for 1988-1991 was approved in 1987 (E/ICEF/1987/P/L.16), with available general resources of $1,619,000. Owing to increased general resources availability, the annual planning level for 1990-1991 was increased from $310,000 to $540,000. Additional general resources expenditure

over and above the annual planning level was planned for 1989 and 1990. Both of these factors have enabled the Government and UNICEF to accelerate implementation of the country programme.

Maternal and child nutrition

75. Support to the National Commission to Promote Breast-feeding, an intersectoral group comprised of 14 NGOs and governmental institutions, has helped to bring about the enactment and publication of the Law for the Commercialization of Milk Substitutes. Positive progress has also been made in increasing the practice and duration of breast-feeding and in improving hospital practices regarding breast-feeding. Maternal milk extraction centres and human milk hand-pump banks have been created and have benefited over 2,700 women to date.

76. Additional resources will facilitate further support for working women through new extraction centres and hand-pump banks, training and legislation.

Immunization

77. Health programming, particularly EPI, has been enhanced by the movement towards planning at the regional rather than the national level, making it more responsive to local realities and needs. With support from UNICEF and a strong focus on social mobilization, vaccination campaigns were given new impetus in 1989 and routine services were strengthened.

78. Continuing support, including social mobilization, technical assistance, supplies and equipment, will be provided to help Guatemala achieve the goal of UCI by 1990.

79. Guatemala will participate in three Central American subregional programmes on PHC, education and children in especially difficult circumstances (E/ICEF/1990/P/L.30). Preparatory activities have been programmed and will be expanded further upon receipt of supplementary funding.

80. PHC activities will focus on pockets of poverty and will draw from the experience generated in the extension of health care coverage in the southern sector of Guatemala City.

81. UNICEF will strengthen and expand its present relationship with the National Literacy Committee to develop pre-school activities in the highland areas of the country. It will also support the development of elementary school curricula more appropriate to the cultural environment, social and economic needs and interests of the indigenous populations, including the development of materials in indigenous languages.

82. Building on activities initiated in 1988 with supplementary funding, UNICEF will intensify its assistance to public and private institutions, addressing the needs of street children and children at risk with support for direct actions and co-ordinated approaches.

VIII. HONDURAS

83. The country programme for Honduras for mid-1987-1991 was approved in 1987 (E/ICEF/1987/P/L.18), with available general resources of $1,625,000 for 1987-1991. The annual planning level was increased in 1989 from $325,000 to $500,000.

Education

84. Co-operation in the area of early childhood development has focused on increasing non-formal and formal pre-school services and on providing physically disabled children with needed services. Good progress has been achieved in establishing a pre-school support structure at the central level within the Ministry of Education, and at the regional level in support of direct services. Teacher training is ongoing in three institutes in the southern departments of the country, each graduating 600 teachers per year. Over 400 non-formal pre-schools have been established to date. UNICEF support has also contributed to curriculum development for formal pre-schools.

85. Additional funds will be utilized to support the establishment of 80 non-formal pre-schools each year. Support will be provided to expand pre-school services to include the identification and treatment of childhood disabilities and the identification of nutritional deficiencies through closer co-ordination with other UNICEF-supported programmes. Community volunteers who provide food to children in non-formal pre-schools will receive orientation on nutrition and the treatment of malnutrition. Training activities will be expanded to include additional teacher-training institutes, and UNICEF will support the production of a video tape for the training of trainers.

Intersectoral social planning

86. UNICEF has provided support to the Inter-Ministerial Social Development Cabinet in order to strengthen social planning, monitoring and evaluation capacity. This has included support for training, technical support and the provision of supplies and logistical support. The focus of this co-operation is to ensure that children's issues are fully integrated into social planning.

Children in difficult circumstances

87. An increasing number of street children is one facet of a growing problem of children in difficult circumstances in Honduras. The availability of supplementary funding in 1988 and 1989 enabled UNICEF to promote the establishment of community-based models of prevention and rehabilitative interventions to address the growing problem of street children and children in difficult circumstances.

88. Additional assistance has been requested to meet the needs of street children in Tegucigalpa, the capital, through support to the umbrella group of government agencies and NGOs working in this area. This will be further expanded through the Central American subregional programme for children in especially difficult circumstances (E/ICEF/1990/P/L.30).

IX. ALGERIA

89. Algeria has undergone major political and economic reform since 1988. The devaluation of the dinar and economic constraints have caused severe shortages of basic consumer goods. The quality of public services and maintenance work has also suffered. UNICEF assistance in the current country programme (1986-1990) is aimed at reducing IMR through low-cost, high-impact interventions such as UCI and CDD. Attention is also being given to improving MCH services to reduce maternal and neonatal mortality rates.

90. Algeria's annual planning level was raised in 1989 from $300,000 to $500,000, necessitating this request for additional funding. In 1990, UNICEF will continue to support child survival programmes through UCI, CDD and MCH care.

91. A 1989 cluster survey estimated national immunization coverage of children under two years of age at 96 per cent for BCG, 83 per cent for DPT/OPV3 and 78 per cent for measles. Coverage of children under two years of age in urban and semi-urban areas is 79 per cent for all six antigens, but only 58 per cent in dispersed rural areas. The 1989 Maghrebian Immunization Days were successfully used to reinvigorate EPI activities, particularly in areas with lower coverage rates. In order to achieve and maintain the UCI target, in 1990 immunization coverage will be increased in dispersed, rural areas and in southern wilayas (districts). Support will also be provided to improve cold-chain logistics, maintenance and management, and to expand surveillance capacity and sustain public awareness of vaccination.

92. The CDD programme continued to improve the quality of water through brick chlorination and the nation-wide monitoring of water sources. The number of waste disposal systems was expanded, ORS was made available to all health outlets and ORT information was disseminated through the communications network. National ORS production, which began in 1987 with UNICEF assistance, now reaches 600,000 sachets per month. Although ORS was widely available and free, a 1987 KAP survey showed that only 15 per cent of diarrhoeal cases were effectively treated. Public awareness and the demand for ORS were generated through the extensive use of the mass media and through the distribution of 100,000 posters to health facilities and schools. Some 40,000 manuals on the prevention and treatment of diarrhoea were distributed to 11,000 primary schools. The Health Education Unit of the Ministry of Health was strengthened to improve the production of communication materials. In 1990, ORS production will be expanded to the full capacity of 1 million sachets per month, and a disease surveillance system will be established. Social communication activities will continue to educate mothers through the mass media, and a diarrhoea treatment and training centre will be established in every wilaya.

93. A pilot project to reduce perinatal and neonatal mortality will be implemented at Blida, where the central hospital and eight health centres oversee a total of 10,000 births annually. Health staff will be trained to monitor pregnancy cases at risk and to arrange referral services in order to improve antenatal and post-partum care. UNICEF will assist in the training of personnel and the provision of supplies and equipment.

94. In 1990, a situation analysis of Algeria's children and women and the preparation of a five-year programme of co-operation (1991-1995) will be undertaken.

X. MOROCCO

95. The present plan of co-operation between the Government of Morocco and UNICEF for 1987-1991 differed from the previous plan in that its constituent programmes were co-ordinated and focused mainly on reducing IMR. While recent surveys estimate that the overall IMR has decreased from about 91 per 1,000 live births in 1985 to somewhere between the 70 and 80 per 1,000 live births, pockets of high infant mortality still remain. A major review and an analysis of the programme of co-operation is scheduled at the end of its third year of implementation, early in 1990. Owing to the 1989 increase in its annual planning level from $1.3 million to $2 million, this request for additional funding is made in order to ensure that the progress already achieved is sustained and that an increasing number of women and children benefit from the actions undertaken, in accordance with the objectives of the country programme of co-operation.

96. The major achievements accomplished in the current programme period were in health, especially EPI. Following a directive from the Head of State that all children should be immunized, a massive social mobilization programme was undertaken with four series of national vaccination days in three years. The vaccination coverage for children under one year of age, which at best was 50 per cent in 1986, is now over 90 per cent for all antigens. In addition, 45 per cent (over 80 per cent in rural areas) of women of child-bearing age have been vaccinated against tetanus (the 1986 coverage was zero). In the past two years, only one case of poliomyelitis was reported. The thrust of the EPI programme now is to ensure that coverage levels are sustained, principally by improving supervision and monitoring, strengthening and maintaining the cold chain and reinforcing knowledge and awareness of vaccination within the formal and non-formal education systems. In 1990-1991, funds will be used primarily to sustain vaccination, to reinforce the PHC infrastructure and to strengthen supervision, control and monitoring.

97. Increased attention was paid to diarrhoeal diseases, which account for about 35 per cent of child deaths in Morocco. Summer campaigns were carried out in 1988 and 1989 to make people aware of the dangers of dehydration and to promote ORT. Hospital cases of dehydration seem to be decreasing rapidly as the knowledge and awareness of diarrhoeal diseases and their treatment seem to be increasing across the country. In 1990-1991, UNICEF funds will be used to ensure the availability of ORS packets, with improved production and distribution. This is to be accompanied by a continuing series of nation-wide sensitization operations, based on social mobilization, education and the dissemination of information by means such as posters and brochures.

98. The twin problems of neonatal and maternal mortality were tackled through tetanus toxoid vaccination and through the training of traditional midwives. This two-pronged attack will be continued and increased, particularly by the provision of anti-tetanus vaccines and renewed emphasis on the vaccination of women of

child-bearing age in urban areas. Maternal services within the PHC system will be strengthened through the provision of supplies and the training of personnel, including traditional health providers.

99. In the water and sanitation programme, greater emphasis has been placed on the importance of hygiene. Activities have been carried out at the community level, mostly in rural areas, and have been characterized, where installation and maintenance have been involved, by the participation of the community in their planning, execution, maintenance, correct utilization and, in some cases, their funding. Water is provided to a community as part of a package that involves the whole community and its environment. Such an approach influences other aspects of community life, encouraging the acquisition of knowledge and changes of attitude and leading, for instance, to demands for improved health services. This shift towards hygiene and environmental sanitation will be continued and accelerated. In particular, the programme will increasingly concentrate on eliminating the causes of diarrhoeal diseases in rural communities, whether these are environmentally based, such as polluted water supplies and inefficient waste disposal, or domestically based, such as the lack of hand-washing. Improved management and maintenance of existing water points will be the focus in water supply assistance, and the pumps installed will, as far as possible, utilize wind or solar power.

100. In the education programme, there has been a marked shift from the earlier supply-oriented projects (now taken over by the World Bank) towards those that emphasize changes in methodology and curriculum content in pre-primary (Koranic) and primary schools. These new activities, consistent with general programme objectives, have emphasized health and hygiene, from the point of view of increased understanding and attitudinal changes and action which will be reflected in the domestic and community environment. Steps will be taken to establish simple monitoring of pupils' health and nutritional status up to the early years of their attendance at primary school.

101. The most far-reaching (although perhaps the least noticed) changes have been in the current women in development programme. Following a detailed evaluation of income-generating activities, which revealed their restricted impact on the situation of women, new activities were introduced that are closely linked to education and literacy, with course content focused on hygiene, nutrition and the health and care of the family, especially girls and young children. Programmes to sensitize rural populations to the importance of educating young girls have already started and will be intensified.

XI. TUNISIA

102. The last programme submission for Tunisia to the Executive Board was for 1987-1991. Owing to an increase in the country planning level in 1988, the funds earmarked for 1990 and 1991 have already been used. Additional funds are required to achieve the planned objectives of the country programme during 1990 and 1991. Preparatory activities for a five-year programme of co-operation are under way.

103. The current programme of co-operation aims to reduce U5MR by attaining a 90 per cent immunization rate and sustaining it by 1991; to reduce dehydration-related mortality by 50 per cent; to promote family health education; and to improve both pupils' and teachers' knowledge of MCH issues. The main focus of continued UNICEF co-operation in 1990-1991 will be to accomplish the same objectives through child survival measures, with a particular focus on the most deprived areas.

104. The acceleration of EPI activities was achieved through two national immunization days (29 March 1987 and 27 March 1988), which raised immunization coverage for children under one year of age for BCG from 83 per cent in 1986 to 85 per cent in 1988; for DPT/OPV3 from 72 to 91 per cent; for measles from 67 to 83 per cent; and for TT2 for women of child-bearing age from 12 to 34 per cent. A national communication campaign and a broad-based national committee were used in the process. The media, particularly television, played an important role in the campaign.

105. The CDD programme included the training of both medical and paramedical staff in public and private sectors and at national and community levels. An adequate supply of ORS was secured prior to the start of the acceleration, which was accompanied by a social mobilization campaign orchestrated by a national multisectoral committee and regional committees headed by governors.

106. The school health education project has produced booklets for primary school teachers and has helped to improve teaching methods. A health communication project was aimed at the general public and has organized seminars on Facts for Life and the role of communication in health education.

107. UCI will be sustained through a consolidated EPI project, with special emphasis on TT2 immunization, the training of medical and non-medical staff, communications and disease surveillance. CDD will include training, summer acceleration campaigns, mobilization and special advocacy targeted at pharmacists and medical personnel. The ARI programme will be an important new inititative, with training focusing on case identification. Health communication will continue its two-pronged approach to families, as well as to schools and teachers, through training and the preparation of audio-visual material. MCH will focus on expanding routine antenatal care, minimizing home deliveries and establishing referral systems. MCH days will be organized during 1990 and 1991 and will integrate EPI, CDD and pre-natal care.

108. The Government hosted a Maghrebian seminar on the rights of the child from 25 to 27 June 1989. The seminar, which was attended by representatives of the five North African countries, called for their positive vote on the Convention on the Rights of the Child and its ratification shortly thereafter. The seminar culminated in a final report entitled "The Declaration of Tunis", which listed a number of concerns, including access of all children to education and the impact of debt on social budgets. It listed a number of recommendations in areas such as children in difficult circumstances, as well as emphasis on the rural child, particularly in underserved areas.

109. In addition to specific project evaluations, monitoring will be improved by setting up a computerized data collection system to monitor the health situation of women and children.

Breakdown of annual funding requirements

(Thousands of United States dollars)

Region/ country	Current programme cycle	Approved general resources funding a/	Additional funding proposed 1990	1991	Total
AFRICA					
Congo	1988-1992	1 005	225	500	1 225 b/
Gambia	1987-1991	759	14	300	314
Lesotho	1987-1991	1 924	146	500	646
Senegal	1987-1991	5 223	808	1 197	2 005
Zaire	1987-1991	15 500	4 300	1 700	6 000
AMERICAS AND THE CARIBBEAN					
Dominican Republic	1988-1991	1 731	-	321	321
Guatemala	1987-1991	1 619	657	540	1 197
Honduras	1987-1991	1 625	112	500	612
MIDDLE EAST AND NORTH AFRICA					
Algeria	1986-1990	1 700	295	-	295
Morocco	1987-1991	6 500	520	2 000	2 520
Tunisia	1987-1991	1 550	427	500	927
Total			7 504	8 058	16 062 b/

a/ The amounts shown here include the actual balances carried over from the previous programme cycles.

b/ Includes $500,000 for 1992.

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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1990 session

FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Global communication support programme

The Executive Director recommends that the Executive Board approve an amount of $1 million from general resources, subject to the availability of funds, and an amount of $2 million in supplementary funds, subject to the availability of specific-purpose contributions, for a global communication support programme for the development of audio-visual and print materials and pilot communications projects and to train communicators for the period 1990 to 1992.

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Background

1. In the 1980s, the world's technical capacity and outreach in communications grew at a faster pace than in any previous decade. This remarkable progress helped to accelerate greatly the pace of change by strengthening every successful attempt to put health and development information at the disposal of families, thereby empowering them to take greater charge of their own lives.

2. As noted in the 1990 State of the World's Children report, the knowledge and technology to bring about major improvements in health already exist. The challenge is to put this information at the disposal of people who can use it. The report quotes the Director-General of the World Health Organization as saying, "We must recognize that most of the world's major health problems and premature deaths are preventable through changes in human behaviour at low cost. We have the know-how and technology, but they have to be transformed into effective action at the community level. Parents and families properly supported, could save two thirds of the 14 million children who die every year - if only they were properly informed".

3. A dramatic example of the use of communications to accelerate progress has been the success achieved in immunization programmes. At the end of the 1970s, when the World Health Assembly adopted the target of universal child immunization by 1990, vaccines were reaching only about 10 to 20 per cent of the developing world's children, and the 80 per cent target set by the Assembly was regarded by many as an impractical goal. Today, immunization coverage has increased to almost 70 per cent. The development and application of communications have played a significant role in making this possible.

4. The use of the media for communication and social mobilization in UNICEF programmes of co-operation can be significantly improved and increased. Efforts in child survival and development (CSD) are expected to continue to grow in the years to come. The contribution of the media in achieving the desired results of those CSD efforts is acknowledged both within and outside UNICEF. Interest and demands are increasingly evident in other areas of UNICEF co-operation such as education, water and sanitation and nutrition.

5. Although communications support is built into most programmes as an important component of UNICEF co-operation with Governments, UNICEF has produced little communications support material in health, education and other priority areas which have a global applicability or can serve as prototype materials for adaptation at the country level for local use. With recent technological advances and increased awareness of the importance of communication as an agent of change, UNICEF headquarters is receiving an increasing number of requests from field offices for the development of prototype materials that could be adapted for local use and for support to capacity-building programmes in this area. Such materials and projects would help to generate exchanges of ideas and experiences and encourage innovation. They would also help to reduce costs involved in developing concepts and new techniques. The Facts for Life initiative, in particular, has created strong interest in and opportunities for communication and action on sets of basic

messages. Initially, they focused on maternal and child health, and as the experience evolves, they are expected to include other substantive areas of UNICEF co-operation.

6. The demand for such support from the field, and the inability of headquarters to adequately meet this need, have also been identified in the recent evaluation of external relations carried out at the request of the 1989 Executive Board (see annex II of document E/ICEF/1990/L.4).

Objectives and strategy

7. A global communication support programme is proposed to facilitate the development of (a) programme-oriented audio-visual and print materials; (b) pilot communications projects; (c) training of communicators for design and production purposes; and (d) consultation activities to meet specific country needs in the dissemination of health education and other development messages through radio, television and the print media.

8. The following are examples of various projects that will be undertaken. A limited number of preparatory activities have been carried out in collaboration with some field offices. These and other projects will be further discussed, reviewed and planned by external relations, information and communication staff and other communications experts in order to arrive at more detailed plans and recommendations.

Training and educational materials

9. The demand for headquarters to produce programme-oriented materials such as breast-feeding videos, radio spots and other training and educational materials has been increasing. The global communication support programme is being developed to meet the needs of field staff for print and audio-visual materials and printed complements produced by headquarters. These pedagogical materials will cover CSD and other priority areas of UNICEF co-operation. They will be designed and tested based on their ability to reinforce, change or achieve specific behaviours. Such programming will also utilize the highest production standards.

Animated health messages project

10. The project aims to produce a prototype series of animated films designed to inform parents about basic health information contained in the UNICEF CSD programme. The intent is to prepare an animated series that would present characters that could be believable to audiences in cross-cultural situations in many different locations. Although the designs and drawings in the series would remain the same, different sound narrations would permit the programmes to be viewed on video tape in group showings and on television in any location. A pilot programme about the immunization process entitled "Remember This Child" has already been produced and extensively evaluated. The project will continue to build on the research and evaluation of the pilot programme as a base for the production of the entire series.

11. Animation techniques have been selected to portray health messages for several reasons. During the past decade, studies have repeatedly demonstrated the power of animation to reach and hold the attention of both young and old audiences. Interesting movements and the lack of detail make animation a potent learning tool. The constant movement draws the eye to the message. The lack of detail in the drawing of characters and backgrounds allows members of diverse cultures to identify with what they see. Narration not tied to on-screen lip movement makes translation into different languages relatively simple and inexpensive. Animation also has the advantage of being able to depict exaggerated situations for emphasis or humour.

12. The pilot programme on immunization has undergone qualitative testing and formative evaluation in Ecuador, Kenya and Indonesia. A summary evaluation in Indonesia indicated that the programme message was understood by the target audience and that the characters were believable. Although the characters were not modeled on Indonesian people in typical settings, the summary evaluation supported the producer's hope that the animated "cross-cultural designs" did not hinder the audience's understanding of the message.

Television applications for field programming development

13. A threefold role is emerging for UNICEF in support of expanded applications of television in developing countries: encouragement of television applications; direct funding support for television planning, production and research; and production training.

14. Similar actions are needed to support television institutions in reshaping their programme offerings to enable them to serve rapidly growing audiences with limited education and urgent health needs. Direct funding support is needed to initiate new planning, production and research practices that are essential to achieve maximum effectiveness in altering the health knowledge and practices and educational status of the viewer.

15. Communication support activities that could serve both high priority advocacy and training purposes are especially interesting. One proposed activity will involve an exchange of television programming experience for planning purposes. Specifically, a compendium of existing television formats that groups in developing countries might adopt or adapt could be created. The compendium would contain three elements: (a) a collection of programme examples in a wide variety of formats serving different audiences and subjects; (b) a specially edited "sampler" of these programmes for ease of access; and (c) an extended print accompaniment in the form of a manual for programme planners and producers. The compendium would advocate greater global understanding of television's wide range of useful applications and function as a key component in the training of television funders, planners and producers.

16. It is expected that opportunities for international cost-sharing in planning and production would result. Early successes in the creation of kits of planning and production materials that different countries can adapt to suit their own needs provide the impetus for UNICEF to systematically to explore and apply that approach

on a wider scale. A kit can include planning documents on the subject-matter or audience, message and design specifications, scripts, completed programme elements or visual elements to which each user can add voices in the local language. The advantages of this approach combine cost-effectiveness with the enhancement of technical quality and effectiveness.

17. Special television consultation advocacy programmes can be developed to meet country-specific needs. UNICEF country offices in Egypt and Guatemala are currently taking active leadership roles in planning and promoting television applications to benefit children and families. The activities presented here will be carried out with their full and close involvement. One of the potential advantages of this arrangement is that it will provide them with support for television activities in which they are already engaged. It will also allow for their experiences to be documented for wide international use.

Radio applications for programme development

18. UNICEF has been involved in several initiatives that have used the radio to strengthen country programmes. The development of communications training projects for producers and content designers will build national capacity in support of programme activities. Workshops will inform local radio producers about UNICEF issues, train them in the use of new and improved production techniques and assist in the development of innovative formats for the transmission of messages. Such workshops will help to promote the sharing of experiences and ideas between countries and regions. Workshops along those lines have been undertaken by the Radio Netherlands Training Centre in Central America, and UNICEF will co-operate in similar ventures.

19. The development of a training manual for rural broadcasters could also be applied to field-oriented projects. It would emphasize how rural radio could be used as a communications tool to strengthen the implementation of development projects and offer examples of prototype scripts in various formats for use by producers.

20. As part of the ongoing role of social mobilization to assist in the implementation of UNICEF country programmes, there is an increased need for the production of radio materials on UNICEF-related goals, such as breast-feeding and other CSD issues. These can be used as advocacy materials as well as to support specific field-oriented initiatives.

21. In local radio production, it is essential to provide broadcasters with a variety of exemplary formats, such as soap-operas, micro-programmes and interviews. Such examples, if well-designed and evaluated, will help to meet the broadcasting and listening needs of individual countries.

22. Research on the use of radio in current development projects and the development of prototypical radio messages should be undertaken so that country offices can be offered a broad specturm of options. Successful radio projects should be shared between countries and regions instead of having new messages designed each time a new programme series is developed.

23. An assessment of the impact and use of radio in the field is a necessary component of project development. It is necessary to develop methodologies for surveys and evaluations to complement and improve evaluations such as the pilot surveys conducted in Botswana and Central America and the evaluation recently undertaken in Chad.

Summary of activities

24. Audio-visual and print media production will include the production of radio and television materials for training and educational purposes that relate directly to field programme activities such as technical concerns, oral rehydration therapy and breast-feeding. These activities will also include the production of direct Facts for Life messages in radio and animated film formats. Related print materials for training and evaluation in CSD and other priority areas will also be produced.

25. Pilot communication projects will include experimental projects to improve communication techniques for the dissemination of motivational messages to project participants. Activities will include the development of prototypical television and radio formats and various consultancy contacts to enhance the use of the media in disseminating information and for learning purposes. Also included is the development of high-quality materials that will be incorporated into local field media productions.

26. The training of communicators will involve the development of workshops and manuals to improve the skills of individual journalists and television and radio producers. Particular attention will be given to research, planning, field testing, monitoring and impact assessment.

27. Consultation and planning activities will include organized consultancies of experienced academic personnel who will assist in the development of new and improved ways to use the media, including radio and television, in support of CSD, education, nutrition, water and sanitation and other areas of UNICEF co-operation.

28. As with all programme activities, an evaluation component is planned. The evaluation of specific activities will be designed in conjunction with the UNICEF Evaluation Office. This collaborative effort will draw on the rapid assessement procedures that are currently used to evaluate the contributions and sustainability of social mobilization efforts in six countries.

Proposed budget

29. The programme will be implemented over a three-year period (1990-1992) at a total cost of $3 million, $1 million from general resources and $2 million from supplementary funding. It will be administered by the Division of Information, in close co-operation with the Programme Division.

Estimated annual expenditure

(In thousands of United States dollars)

Activities	1990		1991		1992		Totals	
	GR	SF	GR	SF	GR	SF	GR	SF
Audio-visual and print media production	200	100	90	310	90	210	380	620
Pilot communication projects	60	100	-	200	-	200	60	500
Training of communicators	50	50	20	180	20	80	90	310
Consultation and planning activities	50	150	20	130	20	80	90	360
Project support	100	50	80	80	80	80	260	210
Evaluation	40	-	40	-	40	-	120	-
Total	500	450	250	900	250	650	1 000	2 000

GR = general resources.
SF = supplementary funds.

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Programme Committee
1990 session

FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Interregional programme to address the impact of acquired immunodeficiency syndrome (AIDS) on women and children

The Executive Director recommends that the Executive Board approve an amount of $3 million from general resources, subject to the availability of funds, and an amount of $3 million in supplementary funds, subject to the availability of specific-purpose contributions, to develop and support programmes to prevent human immunodeficiency virus (HIV) infection in women and children and strategies to address the needs of children whose parents have died from AIDS for the period 1990 to 1992.

Introduction

1. In response to growing awareness of the severe impact of acquired immunodeficiency syndrome (AIDS) on women and children, the Executive Board approved a detailed policy review at its 1988 session that outlined an AIDS programme and policy strategy for UNICEF (resolution 1988/7, E/ICEF/1988/13). Since 1988, UNICEF has expanded considerably its programmes to prevent and control AIDS in collaboration with the World Health Organization (WHO) Global Programme on AIDS and national AIDS control programmes.

2. The present document proposes the establishment of an interregional programme to address AIDS prevention and the emerging AIDS-related socio-economic needs of women and children in a more thorough, expedient and geographically broader fashion. Funding provided through this programme would develop and support the initial phase of AIDS prevention programmes in selected AIDS-affected countries, primarily in Africa. It would also address the socio-economic impact of AIDS on women and children, including, in some countries, the problem of long-term care for orphans whose parents have died of AIDS.

Background

3. Since 1988, UNICEF has funded AIDS prevention activities from general resources, supplementary funds and the Under-Five Mortality Reduction Reserve Fund. UNICEF now supports AIDS prevention education efforts in nearly every developing country in Africa and the Caribbean that is seriously affected by AIDS, and has been able to implement such projects quickly and effectively because of:

(a) The presence of established UNICEF offices in nearly all developing countries;

(b) Long-standing relationships and projects with health, education, information and other relevant ministries and non-governmental agencies, which ensure the efficient and cost-effective integration of AIDS prevention messages with ongoing programmes;

(c) The vast experience of UNICEF in the area of social mobilization, including close relationships with the media, most recently in advocacy for the Convention on the Rights of the Child;

(d) UNICEF experience in policy and programme development for community-based child survival and development, including protection and services for children in especially difficult circumstances. Several emergency programmes for children are already under way in Africa (Mozambique, Uganda, the Sudan and Ethiopia). Co-ordinated community-based services for abandoned and street children in Brazil, the Philippines and some Latin American countries also provide useful examples. This experience will be an asset in addressing AIDS-related problems of women and children, particularly orphans.

4. UNICEF now requires additional funding to expand these programmes and to address new programme areas.

Magnitude of the problem

5. Clinical research, epidemiological surveillance and field observations over the past year have produced disturbing information about the extent of vertical (mother-to-child) transmission of human immunodeficiency virus (HIV), in countries already known to be seriously affected by AIDS, primarily in Africa and the Caribbean, as well as in parts of Asia and Latin America thought previously to be relatively unaffected.

6. Surveys in several central and east African countries now indicate sero-prevalence rates of over 25 per cent in urban areas, selected rural areas and high-risk groups, with rates of HIV sero-prevalence increasing rapidly in other countries in Africa. In the Caribbean, paediatric AIDS is already a serious problem, with children representing approximately 10 per cent of all reported cases. In Haiti, over 10 per cent of pregnant women in an urban slum near Port-au-Prince are already infected with HIV. In Bangkok, Thailand, studies have shown that over 40 per cent of intravenous drug users, mostly men, are infected with HIV and that it is already beginning to infect women and children.

7. At the same time, neither a vaccine against HIV nor effective, affordable treatment for women and children with HIV infection and AIDS is on the immediate horizon. Few children born with HIV will live past their fifth birthday, and it is now well accepted that AIDS will increase child mortality rates in AIDS-affected countries and delay or reverse the trends towards the reduction of under-five mortality rates that began in the 1960s.

8. In addition to the tragic deaths of children from AIDS, the additional demands which AIDS-related morbidity places on already overburdened developing country health care systems will affect the ability of health ministries to deliver important child survival interventions to all children.

9. The social and economic consequences of AIDS for women and children are enormous and will increase as the 1.5 million women in the world estimated to be infected with HIV in the 1980s progress to AIDS and death in the 1990s. Studies now show that adult AIDS deaths will produce millions of orphans in the most affected region in Africa. The need for long-term care for these children will overwhelm the capacities of all existing extended families and institutions, and will challenge social welfare systems of developing countries that are already ill-equipped to cope with much simpler needs.

Proposed action

10. The magnitude, complexity and rapid geographical spread of the AIDS pandemic make it imperative that UNICEF further expand its AIDS prevention programmes both geographically and substantively. In addition, UNICEF must also focus attention on the indirect impact of AIDS on children and the disruption of the family caused by

adult AIDS deaths. UNICEF must be prepared to offer policy and programme guidance to developing countries so that they may pursue culturally acceptable, affordable and feasible solutions to long-term child care for AIDS orphans.

11. These activities will respond, inter alia, to General Assembly resolution 44/233 of 22 December 1989, in which United Nations organizations were called upon to promote greater awareness of the AIDS pandemic and to increase understanding of the general public about people affected by HIV. The resolution further encouraged the development of policies, programmes and research proposals to address the impact of AIDS, including issues affecting women, and policies and programmes to alleviate the impact of AIDS, in all its aspects, on children. These activities will also respond to the Paris Declaration on Women, Children and the Acquired Immunodeficiency Syndrome (AIDS) adopted by the International Conference on the Implications of AIDS for Mothers and Children, held in Paris in November 1989.

12. Proposed activities at global and regional levels include:

(a) Support to international conferences, consultations on technical working groups organized by the Global Programme on AIDS;

(b) Advocacy activities to raise awareness of the problems of children and AIDS;

(c) Salary and support costs for the full-time post of Senior Advisor for AIDS to provide overall co-ordination of all UNICEF efforts in the field;

(d) Salary and support costs for a full-time professional health educator, who would assist the Senior Advisor for AIDS by offering technical assistance to UNICEF AIDS-prevention education at the country level;

(e) Increased UNICEF staff training in the field of AIDS.

13. Proposed country-level activities include:

(a) Funds to initiate AIDS prevention programmes in selected countries;

(b) Studies on the nature and magnitude of the problem of AIDS orphans, and the development of models for long-term care.

Inter-agency collaboration

14. WHO is the co-ordinating agency for AIDS in the United Nations system, and its Global Programme on AIDS remains the closest UNICEF partner for AIDS project co-ordination and technical issues. At the country level, UNICEF works within the co-ordinating framework established by national AIDS control programmes. All UNICEF-assisted AIDS programmes are consistent with the WHO Global Programme on AIDS strategy and with national AIDS plans. UNICEF participates in resource mobilization, project implementation and programme review exercises organized by the WHO Global Programme on AIDS and national programmes.

15. At the global level, UNICEF has participated in several AIDS technical working groups organized by the Global Programme and has jointly sponsored several conferences and consultations on AIDS that relate to women and children. This close collaboration will be strengthened through this project.

16. Collaboration with other United Nations organizations is achieved through informal discussions on topics of common interest and through formal AIDS co-ordinating bodies.

17. UNICEF has always collaborated closely with non-governmental organizations in AIDS-prevention projects. This collaboration will be strengthened, particularly in the area of support services for women and children, since the extensive experience of non-governmental organizations in this area is well recognized.

Breakdown of estimated budget allocation

(Thousands of United States dollars)

	1990	1991	1992	Total
General resources				
Global and regional activities	590	440	470	1 500
Country activities	500	500	500	1 500
Subtotal	1 090	940	970	3 000
Supplementary funding				
Country activities	500	1 000	1 500	3 000
Total	1 590	1 940	2 470	6 000